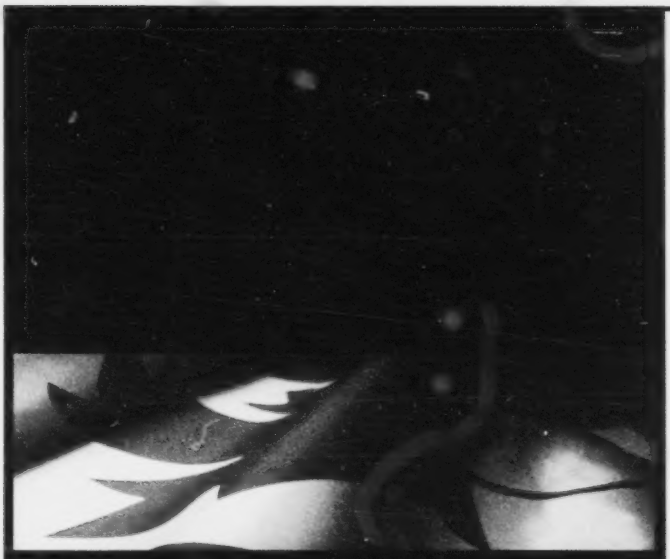

Advancing the Inclusion of Persons with Disabilities

A Government of Canada Report
December 2002

"Let the world see in Canada a society marked by innovation and inclusion, by excellence and justice"

The Right Honourable Jean Chrétien
Prime Minister of Canada

Canada
SDDP-042-11-02E

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Ce document est également disponible en français sous le titre *Vers l'intégration des personnes handicapées*. Un rapport du gouvernement du Canada, décembre 2002.

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"The Government of Canada has made it a priority to remove barriers to full participation for persons with disabilities. We want to make an inclusive society part of our heritage for the 21st century."

Jane Stewart,
Minister of Human Resources Development

Message from the Minister

Canada's economic and social development in the 21st century depends on all citizens contributing their talents and knowledge. The 2002 Speech from the Throne laid out an ambitious agenda to enhance the quality of life for all Canadians through innovation and inclusion. For persons with disabilities, this means removing barriers to work and learning and creating increased opportunities for full participation.

There is a great deal of work ahead. But Canada is building momentum, and significant gains are being made. The government is working in partnership with other levels of government, the disability community, the Aboriginal community, employers, labour and volunteers to implement measures that will bring real, practical improvements to the quality of life of persons with disabilities.

Advancing the Inclusion of Persons with Disabilities is the first report to bring together information on Government of Canada programs and services in support of persons with disabilities. I urge you to read the report, to explore the extra information available on-line and to talk about these issues with family, friends and colleagues.

Canada is entering an exciting stage of its social and economic development. We need all areas of Canadian society to come together to ensure that persons with disabilities can participate fully in society and to build a country that demonstrates respect for all its citizens.

Jane Stewart

Jane Stewart, P.C., M.P.
Minister of Human Resources Development

Introduction

"We are dedicated to the simple proposition that persons with disabilities have the right to enjoy and have access to any opportunity that life has to offer. Indeed, we believe it is a basic right of citizenship."

Right Honourable Jean Chrétien, Prime Minister, on accepting the Franklin Delano Roosevelt International Disability Award on behalf of Canada (1997)

Disabilities affect people of all ages and backgrounds. Some people are born with one or more disabilities. Many others develop disabilities through illness, injury or aging. In fact, disabilities will affect almost all Canadians or their families.

It is estimated that some 3.6 million Canadians — 1 in 8 people — have a disability. In some communities the rate is much higher, in particular, among the more than one million Canadians of Aboriginal heritage.

All Canadians, including persons with disabilities, have rights and responsibilities under the Canadian Charter of Rights and Freedoms. The policies and programs of the Government of Canada make an important contribution to ensuring that Canadians with disabilities can exercise these rights and responsibilities.

The Government of Canada has unique relationships with Aboriginal people in Canada as a result of constitutional, treaty, legal and political developments.

"The concept of citizenship is central to disability issues. Citizenship is the inclusion of persons with disabilities in all aspects of Canadian society – the ability of a person to be actively involved with their community. Full citizenship depends on equality, inclusion, rights and responsibilities, and empowerment and participation."

In Unison 2000

The Government's disability agenda acknowledges the unique needs of Aboriginal people with disabilities, and this report integrates and highlights information about these people wherever possible.

This first comprehensive report on disability in Canada describes where our country has made progress, how the Government of Canada has contributed, and where work remains to be done.

Part 1 of the report takes a broad look at disability issues in Canada. It presents a profile of disability in this country, describes Canada's knowledge base on disabilities and reviews how we measure progress toward inclusion. Part 2 of the report deals with the five areas in which we can measure progress toward inclusion; it describes Canada's progress to date as well as the Government's contribution to that progress. The report ends with a brief conclusion that summarizes key Government of Canada disability initiatives and notes some issues to be covered in future reports.

This report is also accompanied by a Web-based technical report that provides more comprehensive information. The technical report includes further analysis, supplementary indicators, more detailed

information about government programs and links to relevant sites. Interested readers can access the technical report at www.hrdc-drhc.gc.ca/bcph-odi.

MANY PARTNERS WORKING TOGETHER

Over the past two decades, Canadians have come to understand that all areas of society share responsibility for making Canada fully inclusive. Governments, communities, families, volunteer organizations, learning institutions, the private sector and labour are all important partners in making progress on disability issues. While the Government of Canada invests in many disability-related programs, provinces and territories deliver most of the programs and services that support Canadians with disabilities.

The United Nations declared 1981 the International Year of Disabled Persons. That year a special House of Commons committee, the Committee on the Disabled and Handicapped, was established and made a series of recommendations. Since then the Government of Canada and provincial and territorial governments have introduced initiatives, enhanced programs and reformed legislation to support the inclusion of persons with disabilities.[1]

Despite these efforts, by the mid-1990s it was clear that much remained to be done. In 1996 the Prime Minister and the provincial and territorial premiers declared that disability issues and the needs of children were priorities for continued social policy renewal. First ministers agreed that a vision and framework for disability issues was needed. Thus in October 1998, *In Unison: A Canadian Approach to Disability Issues* was released by the federal, provincial and territorial ministers responsible for social services.[2] The shared vision of *In Unison* promotes greater equality and inclusion of persons with disabilities in all aspects of Canadian society.

In 1999 the federal, provincial and territorial governments, except for Quebec, endorsed a set of principles to guide them in working closely together to meet the needs of all Canadians, including Canadians with disabilities. This *Framework to Improve the Social Union for Canadians* reflects "the fundamental values of Canadians—equality, respect for diversity, fairness, individual dignity and responsibility, and mutual aid and our responsibilities for one another."[3]

The Government of Canada is committed to improving the quality of life for persons with disabilities through its own programs and services, and to working with all partners to make a real difference in the opportunities for people with disabilities to participate fully in society. The Government outlined the main elements of its disability agenda in 1999, in *Future Directions to Address Disability Issues for the Government of Canada: Working Together for Full Citizenship.*[4] *Future Directions* shows how the Government will contribute to achieving the *In Unison* vision of full inclusion.

To support an integrated approach to action on disability matters within its jurisdiction, the Government of Canada has established an interdepartmental steering committee at the assistant deputy minister level. The committee meets regularly to plan government-wide approaches to implement the Government's disability agenda.

[1] See Appendix 1 for a more complete chronology of major Government of Canada initiatives.

[2] While Quebec supports the general principles of the *In Unison* initiative, it did not participate in developing the initiative because it intends to retain the sole responsibility for its social policy. Consequently, all references to viewpoints shared by the federal, provincial and territorial governments in this document exclude the Government of Quebec.

[3] The *Social Union Framework* is available at http://socialunion.gc.ca/news/020499_e.html

[4] A copy of *Future Directions* may be obtained from the Office for Disability Issues or at http://www.hrdc-drhc.gc.ca/sp-ps/socialp-psociale/reports/disability/main.shtml

A Profile of Disability in Canada

Developing a profile of disability in Canada, as in most other countries, is still based on subjective responses. The number of persons with disabilities in Canada is only an estimate, since all survey research is based on people identifying themselves as having one or more disabilities or limitations on their activities. For personal reasons, some people do not identify themselves as having a disabling condition—for instance, arthritis, hearing loss, a learning disability or prolonged depression—even when they do. As well, some people may feel their disability is mild, even though a health professional would classify it as moderate. And some people are uncomfortable reporting that they have a disability while others may overestimate the significance of a health condition.

The Participation and Activity Limitation Survey (PALS)[5] developed by Statistics Canada in consultation with experts and persons with disablities is the result of over 15 years of experience in dealing with such issues.

In 2001 there were 3 601000 Canadians with disabilities —1 in 8— according to the PALS. This represents 12.4% of the population living in households in the ten provinces. Figure 1 shows the percentages of children, working-age adults and seniors who have disabilities. The figure shows that the rate of disabilites rises with age. As people grow older they are more likely to have experienced injuries, diseases and other health conditions that give rise to disabilities.

"Canadians share basic values that help define us as a nation – welcoming everyone to participate fully in society. The vast majority of Canadians believe that persons with disabilities should be supported in their efforts to be active in their communities and society."

In Unison 2000: Persons with Disabilities in Canada

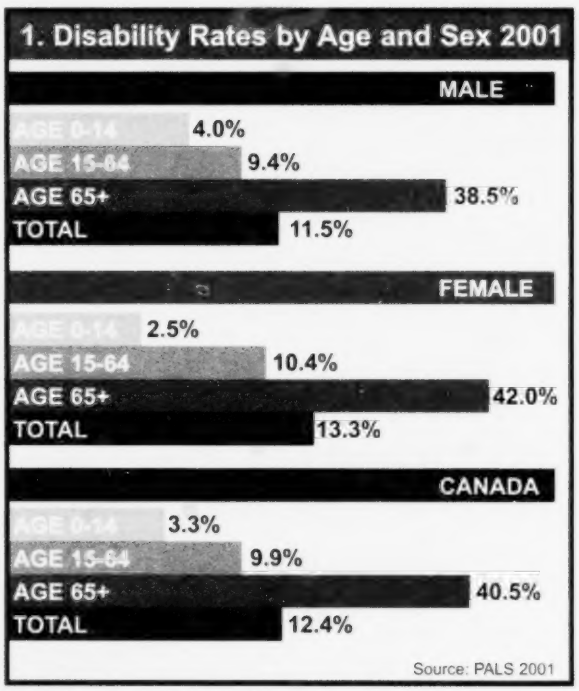


Figure 1 description – Total disability rates among children (age 0–14) are low, at 3.3%. The rate for boys is 4.0%, for girls 2.5%. Among working-age men and women (age 15–64) the total rate of

[5] The Participation and Activity Limitation Survey was conducted in the ten provinces following the 2001 Census and surveyed people living in households. The populations of the three territories, people living on First Nations reserves and those living in heath care institutions are not included in PALS. A brief discussion of the differences between PALS 2001 and HALS 1991 is provided in the next section of this report. For a more complete description of PALS and its findings see Statistics Canada website.

disability is 9.9% and the rate for men and women are similar. For seniors (65 and over) the rate rises to 40.5% and the rate is higher for women than for men (42% versus 38.5%) because women have a longer life expectancy.

People with disabilities want to participate in society, but each type of disability may give rise to unique obstacles. PALS 2001 provides a detailed profile of the types of disabilities found in the Canadian population. For children aged 0–4, 68% have disabilities classified as developmental delay, 63% are identified with chronic conditions, 12% with hearing, 8% with seeing, and 9% have disabilities that are not classified. The most common types of disability among children aged 5–14 are chronic conditions that limit activities, such as cerebral palsy or autism (65.3%), learning (64.9%), speech (43.3%), psychological (31.7%) and developmental (29.8%). PALS also found that many children have more than one type of disability.[6]

People with severe disabilities may face quite different obstacles to inclusion than those with moderate or mild disabilities. But the degree of disability is only one factor shaping the challenges faced by persons with disabilities. The type of disability is another. All people with disabilities have common experiences of exclusion, but each type of disability may give rise to unique needs.

Figure 2 shows the distribution of types of disabilities for people aged 15 and over. The most common types of disabilities are mobility, agility and limitations due to chronic pain. The percentages in Figure 2 do not add to 100 since the majority of people experience more than on type of disability at the same time. In fact, PALS found that about 80% of persons 15 and over with disabilities report more than one type of limitation.

2. Types of disabilities (2001)

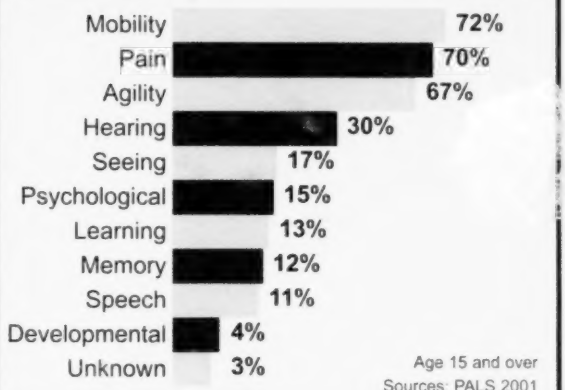


Figure 2 description – The percentages of people who say they have a particular type of disability are as follows: mobility (72%); pain (70%); agility (67%); hearing (30%); seeing (17%); psychological (15%); learning (13%); memory (12%); speech (11%); developmental (4%); and unknown (3%).

The type of disability is only one factor shaping the challenges faced by persons with disabilities. The severity of disability is another. Some people with disabilities, especially those experiencing a combination of disabling conditions, face very severe restrictions on many or even most of the activities that they wish to carry out every day. Others may be resticted in only one or a few activities or the restrictions they face may not be as frequent. [7]

Because of the difficulty of assessing the severity of disabilities in very young children, disabilities in this age group are classified as either mild to moderate or severe to very severe. Mild to moderate disabilities

[6] See the technical report for a full breakdown of the types of disabilities found by PALS for all ages along with population estimates. http//www.hrdc-drhc.gc.ca/bcph-odi.

[7] For persons 5 and over, PALS 2001 classifies disabilities as mild, moderate, severe or very severe based on the number and type of activity limitations identified by the respondent. See Appendix 2, "Glossary of Terms" and the Statistics Canada website for a more complete information on the determination of severity. For additional details on the distribution of disabilities by age, see the technical report at http//www.hrdc-drhc.gc.ca/bcph-odi.

represent 58%, and severe to very severe 42%, for children with disabilities aged 0-4. This means that 0.9% of Canadian children 0-4 have mild to moderate disabilities and 0.7% have severe to very severe disabilities.

For children aged 5-14 with disabilities, 32% have mild, 25% have moderate, 26% have severe and 17% have very severe disabilities. This translates into 1.3% of all children aged 5-14 with mild disabilities, 1.0% with moderate, 1.0 with severe and 0.7% with very severe disabilities.

Among persons aged 15 and over with disabilities, 34% experience disabilities that are mild, 25% have moderate disabilities, 27% have severe disabilities and 14% have very severe disabilities. This means that 5.0% of the total population aged 15 and over have mild disabilities, 3.6% have moderate, 3.9% have severe and 2.0% have very severe disabilities.

Figure 3 shows the distribution of severity of disabilities by age groups among the Canadian polpulation with disabilities aged 5 and over.

Disabilities vary widely in their cause, duration and effect on a person's life. Some people have disabilities resulting from more than one condition. Some, such as those with Cystic Fibrosis, Cerebral Palsy or Fetal Alcohol Syndrome or Fetal Alcohol Effects, may be limited in their activities for life. Some disabilities, such as Multiple Sclerosis, go through cycles when the resulting activity limitations may ease or even disappear for a while. Some disabilities, such as paraplegia, are visible; others, such as mental health or learning disabilities, are not.

In many cases it is societal barriers—for instance, inadequate transportation or lack of modifications in the home—that create limitations for persons with disabilities. Some Canadians with severe disabilities can participate fully in society, but some with much milder disabilities cannot because of these barriers.

3. Severity of disabilities, persons with disabilities (2001)

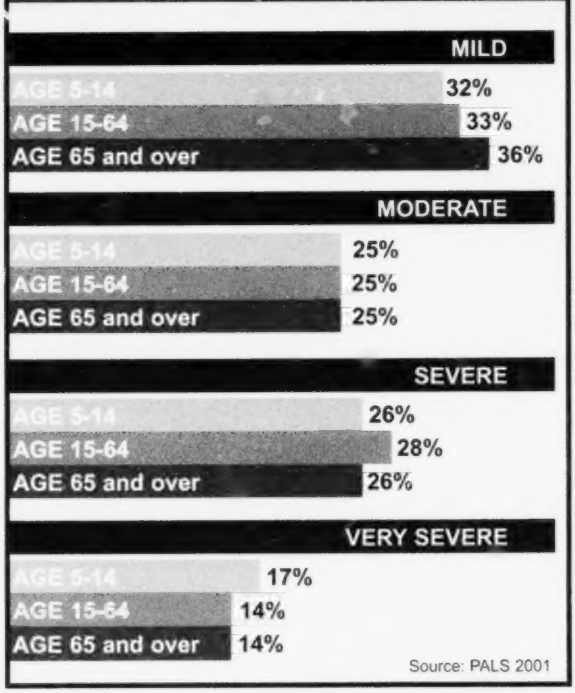


Figure 3 description – The distribution of severity of disabilities by age group for persons with disabilities aged 5 and over are as follows: For children 5-14 (32% mild; 25% moderate; 26% severe; 17% very severe). For persons 15-64: (33% mild; 25% moderate; 28% severe; 14% very severe). For seniors 65 and over (36% mild; 25% moderate; 26% severe; 14% very severe).

Disabilities and Aboriginal People

The 2001 PALS did not include enough Aboriginal, Métis and Inuit people to obtain disability rates for the Aboriginal population. There are two other surveys that provide information on Aboriginal disabilities, the Canadian Community Health Survey (CCHS) and the Aboriginal Peoples Survey (APS).[8] The CCHS is the best current source

[8] Like PALS, the CCHS did not survey First Nations reserves but does include significant numbers of Aboriginal people living elsewhere. Since the CCHS identifies Aboriginal and non-Aboriginal persons with disabilities using the same questions as PALS, it is the best source for comparisons. As additional information is released from the 2001 Census, it will provide information on Aboriginal disability issues including First Nations on reserves.

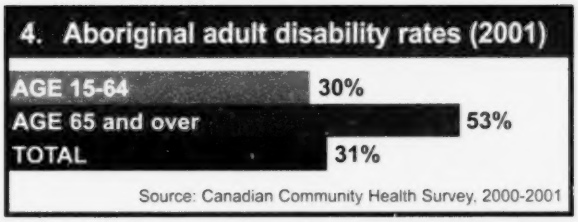


Figure 4 description – The overall disability rate for Aboriginal adults is 31%. For working-age Aboriginal people, the disability rate is 30%. Among seniors, the rate is 53%.

for rates of disabilities among Aboriginal peoples while the APS is the best source for information on type and severity. The 2000-2001 CCHS rates of disabilities among Aboriginal adults are shown in figure 4. Disability rates for children are not available from CCHS.

The disability rates for Aboriginal people shown in figure 4 should not be directly compared to the PALS 2001 rates for non-Aboriginal people. The questions used to identify persons with disabilities in CCHS are the same as those used in the Census 2001. However, Statistics Canada found that about one quarter of those selected from the Census for participation in PALS did not identify any specific areas of limitation during the PALS interview and so are not included in the PALS estimate of disability rates. It is likely that the CCHS rates would be reduced if CCHS also used the detailed PALS questions.

In 1991, APS reported that almost half of Aboriginal persons with disabilities—45%—had mobility disabilities, and 35% had agility disabilities. The APS indicates that Aboriginal persons have more seeing (25%), hearing (35%) and speech disabilities (13%) more than other Canadians.

Using the 1991 definitions of severity, the APS found that 66% of Aboriginal disabilities were mild, 22% were moderate and 12% were severe.

KEY CHALLENGES

Many Canadians with disabilities have high levels of education, are fully employed and have adequate incomes. Yet research shows that persons with disabilities face significant obstacles in all three of these areas.

EDUCATION

In today's knowledge-based economy, a high-school diploma is essential and post-secondary education is required for an increasing number of jobs. But many working-age Canadians with disabilities lack the education to participate fully in today's economy.

The 1996 census reported that just over 50% of working-age persons with disabilities had completed high school, while only seven% had completed a university degree. In contrast, over 70% of persons without disabilities had completed high school, and about 17% had completed university. Approximately 46% of Aboriginal adults with disabilities had completed high school; only two% had a university degree.

EMPLOYMENT

For most working-age Canadians, a steady job is the key to financial security and participation in community life. As with education, however, persons with disabilities have had significantly less success finding and keeping work. The 1996 census reported that among persons with disabilities, the employment rate was 41% for men and 32% for women. In contrast, among people without disabilities, the employment rate was almost double—83% for men and 70% for women. The same census found that among working-age Aboriginal persons with disabilities, the employment rate was 28%, compared to 56% for the total Aboriginal population.

INCOME

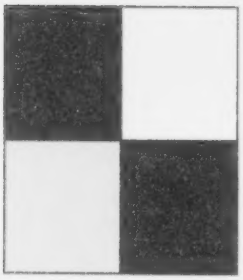
Household income for persons with disabilities differs greatly from the income of other households. In 1998, working-age Canadians with disabilities took in 76% of the average working-age household's after-tax income.[9] Furthermore, the 1996 census showed that on average, Aboriginal persons with disabilities live in households with only half the income of Canadian households at large. Lower household income for persons with disabilities can be a double disadvantage, since there are often extra expenses associated with the disability itself.

OTHER ISSUES

This brief overview of education, employment and income has highlighted a few of the significant issues facing persons with disabilities. This report will more fully explore these issues along with others such as housing, transportation, communication and accessibility, and the challenges facing families caring for children with disabilities.

Under the Canadian Constitution, federal, provincial and territorial governments all have responsibilities that affect the lives of persons with disabilities. The disability community has argued that fragmentation of government services, both within and across government jurisdictions, is one of the most important obstacles preventing persons with disabilities from participating fully in society. Now, with the *Framework to Improve the Social Union for Canadians* mentioned earlier, governments have agreed to work together to meet the needs of all Canadians.

[9] Survey of Labour and Income Dynamics (1998), special tabulation by Human Resources Development Canada.



Improving our Knowledge Base on Disability

Developing policy to advance the full inclusion of Canadians with disabilities in society requires knowledge of their current situation, the issues they face and the successes and limitations of existing policy. In recent years, however, the limitations of current information have hampered progress in this area.[10]

Responding to the need for more current data on disability, the Government of Canada provided $11.5 million in the 2000 federal budget for research on disability issues. This enabled Human Resources Development Canada (HRDC), in partnership with Statistics Canada, to develop the PALS. Conducted in 2001, PALS followed up on the 2001 Census.

PALS is unique because it is the only comprehensive survey to collect certain data about persons with disabilities, including type and severity of disability, age of onset, need for personal assistance, and disability supports (including use of supports, costs and unmet needs). In addition, PALS collected data on education level, labour force activity, occupation and industry, household and personal income, sources of income and voluntary activity. Initial results from this important benchmark survey are included in this report; more detailed data will become available in 2003.

Until the entire PALS data set is available, the 1991 Health and Activity Limitation Survey (HALS) is the main source of detailed information about issues faced by persons with disabilities. Information from HALS 1991 is used in a number of places in this report.

Over the past decade, there have likely been changes in the distribution of numbers, types and severity of disability. However, Statistics Canada has noted that it is not possible to develop reliable trend data by comparing information from HALS 1991 and PALS 2001.

Many readers of this report may be surprised by the decrease in the estimated number of Canadians with disabilities in PALS 2001. PALS estimated a total number of 3.6 million persons with disabilities versus the estimate of 4.2 million provided by HALS in 1991. The 600 000 difference can be explained by two major factors: the target population and the survey methodology.

First, the 1991 HALS estimate included approximately 300 000 people with disabilities living in institutions and in the Territories, populations not surveyed by PALS.

Second, the ten year interval between HALS and PALS provided an opportunity for Statistics Canada to improve its survey methodology in order to produce more complete information about disability issues. The changes in survey methods were designed in consultation with academic experts, government departments and members of the disability community. The PALS survey methods were more likely to identify individuals with severe disabilities. As a result the profile of the population identified by PALS shifted so that there are fewer mild and more severe disabilities. This shift

[10] The Government has provided funding to organizations such as the Roeher Institute and the Canadian Council on Social Development to analyze disability information from major surveys. As examples, see *Moving In Unison into Action* (Roeher Institute, 2002) and the Disability Research Information Page by CCSD (http://www.ccsd.ca/drip).

explains a net reduction of approximately 300 000 persons with disabilities between HALS and PALS.

Like HALS, PALS was a post-censul survey. This means that persons interviewed in PALS were selected from among those who indicated during the census that they had a disability. The disability filter questions used for this purpose in the 2001 Census were improved from those used in HALS.

Within PALS, respondents answered over 30 detailed questions about specific areas of activity limitation. These improved questions provide better recognition of invisible disabilities like pain, psychological and learning disabilities and better accounting for intermittent or cyclical disabilities. About 25% of those identified in the 2001 Census did not indicate any activity limitations when they participated in PALS and so are not included in the new disability rates. Research conducted during the development of PALS has shown that these are mainly persons whose activity limitations were short in duration, or who experienced very mild levels of limitations at the time of the Census.

The improved questions in PALS provide a great deal of additional information to assess the types and severity of disabilities among Canadians. For example, instead of the six types of disabilities reported by HALS, PALS has ten types. As well, while HALS had only three categories of severity in 1991, PALS classifies disabilities as mild, moderate, severe or very severe. Because of the combined effects of many changes in survey methods, it is not possible to precisely compare the categories of mild, moderate and severe used in HALS to the new PALS categories.

Information about disability issues is now being collected more frequently through various national surveys. Beginning in 1999 for the Survey of Labour and Income Dynamics and in 2000-20001 for the Canadian Community Health Survey these surveys are using the same quesetions as did the 2001 Census to identify whether participants may have a disability. This consistent approach to identify disabilities will increase the value of these national surveys for analysing disability issues.

In addition to national survey research, the Government also supports academic and industry research to improve our understanding of disability. For example, between 1997 and 2001, the Social Science and Humanities Research Council (SSHRC) awarded over $11.3 million for disability-related research. Between 1991 and 1995, SSHRC and HRDC carried out a joint research program, Integration of Persons with Disabilities. The Natural Sciences and Engineering Research Council and the Canadian Institutes of Health Research also fund rehabilitation research.

DEFINITIONS OF DISABILITY

Defining disability is not an easy task, and it is becoming clear that no single definition can cover all disabilities. People with disabilities are generally considered to include people with physical, sensory, mental health and intellectual disabilities. In Canada, people are considered to have a disability if their condition restricts their ability to perform common activities such as working, going to school, travelling, walking, communicating or performing daily tasks at home.

Over the past century, the concept of disability has evolved significantly. For many decades, disability was seen as a set of characteristics of the individual—a person *was* disabled or *had* a disability. As such, governments' and society's interventions involved protecting the individual and the community, or treating and fixing the impairment. But in the past two decades, as the disability rights movement has emerged, the concept of disability has shifted from individual impairment to a more social phenomenon. In this social view, persons

with disabilities are seen as being restricted in performing daily activities because of a complex set of interrelating factors, some pertaining to the person and some pertaining to the person's immediate environment and social/political arrangements.

The social concept of disability introduces the notion that society has erected barriers, physical or attitudinal, that affect persons with disabilities. Consequently, government programs and policies have evolved to include fixing the environment (e.g., making buildings barrier-free) and providing income assistance or work-related supports to help persons with disabilities participate more fully in the community and the workplace. The PALS new approach demonstrates this shift in thinking from *health* and activity limitation (HALS) to *participation* and activity limitation (PALS).

In November 2001 the World Health Organization released a new framework, the International Classification of Functioning, Disability and Health (ICF). The ICF was a seven-year effort involving some 65 countries. Canada, through the Canadian Institute for Health Information, made a valuable contribution to developing the new framework. The ICF has since been accepted by 191 countries, including Canada, as the international standard to describe and measure health and disability.

This new framework goes beyond a medical approach to take a much broader view of disability. The ICF looks at the body, individual activities, social participation and social environments. Instead of a negative description of disability, impairment and handicap, the ICF provides a neutral description of body structure, function, activities and participation. It also recognizes the role of environmental factors in either facilitating functioning (body functions, activities and participation) or raising barriers. Under the framework, the term "disability" refers to externally imposed impairments, activity limitations or participation restrictions.

Carefully designed scientific studies have been undertaken to ensure that the ICF can be used across cultures and age groups. This broad use will enable the collection of reliable, comparable data on the health outcomes of individuals and populations, including disability. The World Health Organization is now conducting surveys around the world to collect data based on the ICF.

Besides the complexity involved in defining disability, it is important to distinguish between definitions and eligibility criteria for specific government programs. The govern-ment programs described in this report may have very different objectives and eligibility criteria.

The House of Commons Standing Committee on Human Resources Develop-ment and the Status of Persons with Disabilities heard concerns about the different definitions various government departments use to determine program eligibility and reflected these concerns in its 2001 interim report, *A Common Vision*. Recommendation 6 of the Standing Committee's report specifically asked the Government to study the harmonization of disability definitions in federally administered programs.

In response to *A Common Vision*, HRDC led a review of disability definitions used by the Government of Canada.[11] A synthesis document is now being developed to explain the various definitions, their conceptual approaches and the objectives and eligibility criteria of some key Government of Canada disability programs.[12] The document will also review stakeholders' major concerns as well as summarize international initiatives that have addressed similar definition issues.

[11] The report of the House of Commons Standing Committee on Human Resources Development and the Status of Persons with Disabilities, *A Common Vision* and the Government's response to it may be found at http://www.parl.gc.ca/disability/work/responses_e.asp

[12] The document should be available in 2003.

The definition of persons with disabilities as it relates to the *Employment Equity Act* was a concern raised in the Standing Committee's 14 June 2002 report on its review of the legislation.[13] At hearings, some employers told the Committee of their difficulty getting persons with disabilities to self-identify, leading to an under-reporting of internal representation and an exaggeration of gaps. According to some employers, the current definition links disability to disadvantage in employment. Because some persons with disabilities do not consider themselves disadvantaged, this link contributes to under-reporting. The Government's Inter-departmental Working Group on Employment Equity will examine this issue.

Ultimately, the desired outcome from these discussions on definition is an improved understanding of program objectives and eligibility criteria by beneficiaries and potential clients as well as an opportunity for improved policy and program coherence.

COMPARING CANADA TO OTHER COUNTRIES

To assess how Canada is doing in addressing disability issues, it is helpful to compare Canadian data with information from other countries. Unfortunately, despite such efforts as the ICF, comparable data are often unavailable. There are many reasons for this. Sometimes definitions differ or the information collected is not directly comparable. There are also cultural differences, with some societies taking different views of what constitutes disability. In addition, because each country has its own schedule for collecting disability data, the survey years frequently differ.

The system of government within a country may affect the disability policy-making processes. For example, federal regimes like Canada, the United States, Germany and Australia have governments at both national and state or provincial level with responsibilities for disability while unitary regimes such as France or Great Britain have more central decision-making sytems. Complex federal systems may result in fragmentation in services and programs and create challenges for persons with disabilities in understanding the rules and obtaining necessary services.[14]

This first Canadian report compares three federal systems (the United States, Germany and Australia), two unitary states (Great Britain and France) and the European Union. But even within this small set of developed countries, inadequate data and inconsistent definitions limit the comparisons. The OECD (Organisation for Economic Co-operation and Development) and the World Health Organization are trying to improve the consistency of disability information. But making international comparisons will be challenging for years to come.

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[13] *Promoting Equality in the Federal Jurisdiction: Review of the Employment Equity Act*. Ninth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, 2002. The report and associated information can be found at http://info.load-otea.hrdc-drhc.gc.ca/workplace_equity/review/review.shtml.

[14] David Cameron and Fraser Valentine (2001). *Disability and Federalism: Comparing Different Approaches to Full Participation*. Montreal and Kingston: McGill-Queen's University Press.

Measuring Progress on Inclusion

The process of developing major social framework documents over the past few years has led governments and stakeholders to a shared understanding of disability-related priorities. This report points to key concerns to be addressed if Canadians with disabilities are to participate as full citizens in all aspects of Canadian society. According to the *In Unison* vision, the most critical areas requiring government attention are enhanced disability supports, increased employment opportunities, skills development and adequate income.

In 1999 the Government of Canada released its disability agenda, entitled *Future Directions to Address Disability Issues for the Government of Canada: Working Together for Full Citizenship. Future Directions* builds on the framework introduced in 1998 by *In Unison,* the federal, provincial and territorial vision of full inclusion for persons with disabilities.

Future Directions identifies seven key areas to help people with disabilities achieve full inclusion:

- increase accountability and improve policy and program coherence;
- build a comprehensive base of knowledge;
- build the capacity of the disability community;
- address the acute needs of Aboriginal people with disabilities;
- improve access and remove barriers to disability supports and income;
- enhance employability of persons with disabilities; and
- reduce injury and disability rates by prevention and health promotion.

In 1999 the Government of Canada made a commitment to Parliament to report regularly on the Government's progress on disability issues, and to report in a way that reflects the key principles of the *In Unison* framework.

The accountability framework presented in this first Government of Canada report builds on the groundwork laid by *Future Directions* and the indicators developed for the *In Unison* framework. Unique information on Aboriginal people is provided wherever relevant to show the acute needs of Aboriginal people with disabilities.

OUTCOMES AND INDICATORS

Government officials consulted representatives from disability organizations and Aboriginal groups to further develop the reporting framework for this report, including outcomes and indicators. To address progress on the Government of Canada disability agenda as well as the performance of the Government's disability-related programs and services, the report is structured around five outcomes identified as key areas to measure:

- disability supports;
- skills development, learning and employment;
- income;
- injury prevention and health promotion; and
- capacity of the disability community.

Outcomes, or results, are the best measure of success for government policies

and programs. For example, in the area of disability supports, a positive outcome would be that persons with disabilities have the services and personal supports they need to participate in such everyday activities as going to work or school. Measuring progress toward that outcome means looking at how many people have all the help they need, then measuring trends in future reports. If more and more people have all the help they need, it is a sign that the programs may be producing results. Careful research is also important to evaluate and explain the reasons for progress or setbacks. Unfortunately, it is difficult to report on our progress in this critical area as well as on a number of other outcomes because timely data is not available.

The indicators for each of the five outcomes will help measure progress on disability issues and will provide useful information to guide public policy development. The indicators can also help Canadians assess how well government programs and services are supporting full inclusion of persons with disabilities in society. The full list of indicators used in this report is presented in Text Box 1. It is important to note that this reporting framework is only a beginning. Future reports may incorporate additional or different indicators.

The real measure of success is improved quality of life for people with disabilities in such areas as learning, work, leisure and all forms of social participation.

As shown in Text Box 2, this report brings together information on disability issues and on Government of Canada policies, programs and services for persons with disabilities. Over time, the reporting framework will help Canadians understand how government programs and services can make a real difference in the lives of people

TEXT BOX 1

MEASURING PROGRESS – FIVE AREAS

Outcomes and Indicators

Disability supports
- Help with everyday activities
- Aids or devices for everyday activities
- Home modifications
- Local and long-distance transportation
- Information in multiple formats
- Health care requirements

Skills development, learning and employment
- Children aged 6–15 attending school
- Working-age adults with post-secondary diplomas or degrees
- Employment rate
- Persons employed all year
- Hourly wage
- Employers providing facilities, equipment or aids to accommodate persons with disabilities

Income
- Household income
- Persons living in low-income households
- Major source of personal income

Injury prevention and health promotion
- Disability-free life expectancy
- Injury-related hospital admission rate
- Occurrence of major diseases and conditions that may cause disability
- Physical activity
- Opportunity for athletes with disabilities

Capacity of the disability community
- Involvement with elected and non-elected officials
- Human resource capacity
- Financial resource capacity
- Organizational partnerships
- Media relations
- Quality information about disability
- Responsiveness to clients and members

with disabilities. The Government of Canada is committed to improving accountability and reporting measures for the programs, policies and activities that are part of its disability agenda. This report is itself a milestone in the ongoing effort to make sure Canadians are well informed about the Government's work on behalf of persons with disabilities.

Although this report focuses on Government of Canada programs and policies, it also identifies the Government of Canada's contribution to a number of joint disability initiatives conducted with its provincial and territorial partners.

But this first report can only tell part of the story. As mentioned earlier, there are still information gaps and incomplete, outdated data. Information about Aboriginal persons with disabilities is especially limited, with the most detailed data coming from the 1991 Aboriginal Peoples Survey.[15] There are also significant gaps in information about children with disabilities and their families.

Another limitation is that some programs report in different ways. In the future, additional comprehensive, long-term evaluations of key programs will be needed to provide evidence of program impacts. As well, new indicators may be required to measure progress more fully.

This report makes the best use of available information. As reporting on government programs improves, as new survey results become available and as more comprehensive indicators are developed, Canadians will be able to assess how Government of Canada programs and services for people with disabilities are helping to build a more inclusive society.

The five sections that follow describe Canada's progress toward full inclusion of persons with disabilities, along with the Government of Canada's contribution to that

TEXT BOX 2

SOURCES OF INFORMATION ON DISABILITY ISSUES AND GOVERNMENT PROGRAMS

Much of the information in this report comes from the 1991 and 1996 censuses, and from national surveys in which people identify themselves as having disabilities by indicating that they have activity limitations caused by long-term health conditions or that they have long-term disabilities. The major statistical sources are as follows:

- Census (1991, 1996);
- Health and Activity Limitation Survey (1991);
- Aboriginal Peoples Survey (1991);
- Survey of Labour and Income Dynamics; (1993–1999)
- National Population Health Survey (1994–1999);
- Canadian Community Health Survey (2000–2001);
- Workplace and Employee Survey (1999);
- National Longitudinal Survey of Children and Youth (1995–1999);
- Royal Commission on Aboriginal Peoples (1996);
- Canadian Transportation Agency Air Travel Accessibility Survey (2000); and
- Participation and Activity Limitation Survey (2001).

Besides these statistical sources, Human Resources Development Canada gathered information on Aboriginal persons with disabilities through a series of consultations in the summer of 2001. Another HRDC research project in 2002 supplied preliminary information on the capacity of the disability community. And many other Government of Canada departments and agencies contributed information on their programs and services (see inside back cover for a full list).

This report also brings together information from a variety of Government of Canada documents to show how the Government is addressing disability issues:

- *Future Directions* (the Government of Canada disability agenda);
- Recent Speeches from the Throne;
- Responses to parliamentary committees;
- Departmental performance reports and plans;
- Administrative data from programs;
- Evaluation reports on programs; and
- Other government reports (e.g., *National Child Benefit 2001 Progress Report, Employability Assistance for People with Disabilities—National Report 2000–2001, Knowledge Matters: Skills and Learning for Canadians, annual Employment Equity reports to Parliament*).

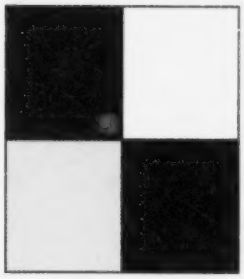
[15] Information about Aboriginal people on reserves is also limited because of incomplete enumeration of some reserve communities in the census.

progress. The sections are based on the five outcomes presented earlier (see Text Box 1).

Each section includes a brief subsection on each societal indicator. Every subsection begins by summarizing what we know about that particular indicator, then reviews important Government of Canada initiatives in that area. Wherever possible, the subsections include unique information about Canada's Aboriginal people with disabilities to help readers understand the similarities and differences between Aboriginal and non-Aboriginal people with disabilities. For a number of indicators, the data presented are divided by sex to allow appropriate gender analysis.[16] Also, a few indicators present information specifically about children.

Under the Canadian Constitution, federal, provincial and territorial governments all have responsibilities that affect the lives of persons with disabilities. The disability community has argued that fragmentation of government services, both within and across government jurisdictions, is one of the most important obstacles preventing persons with disabilities from participating fully in society. Now, with the *Framework to Improve the Social Union for Canadians* mentioned earlier, governments have agreed to work together to meet the needs of all Canadians.

[16] A full breakdown of indicator data by sex is provided in the technical report, available at www.hrdc-drhc.gc.ca/bcph-odi



Disability Supports

This section looks at six indicators that measure progress toward ensuring that persons with disabilities have the disability supports they need. It also describes the Government of Canada's commitments and actions in each area, including highlights of specific programs and services.

The daily activities that Canadians take for granted—getting up in the morning, showering, getting dressed, reading a sign, taking the bus to work, remembering a phone number, buying groceries, walking to school, caring for a home—can present sizeable challenges for persons with disabilities. Some of these challenges are even greater for those who live in rural or remote communities. Disability supports help people with disabilities overcome barriers to full participation in all aspects of daily life.

Disability supports include

- personal help with everyday living
- technical devices and aids
- modifications to homes, vehicles and workplaces
- accessible buildings, public spaces and transportation systems
- information in multiple formats
- accessible communications systems
- therapeutic services and medications
- personal assistance in the workplace

Persons with disabilities and governments alike have agreed that disability supports are critical to full inclusion at all ages and stages of life.

SIX INDICATORS OF PROGRESS
Help needed for everyday activities
Aids or devices needed for everyday activities
Home modifications
Local and long-distance transportation
Information in multiple formats
Health care requirements

Among Aboriginal people with disabilities, access to disability supports is only part of a far more complex situation. Especially for those living on reserves or in remote, isolated communities, the obstacles created by disabilities can be magnified by harsh social and economic conditions.

There are many areas where the Government of Canada's responsibilities directly affect the quality of life of Canadians with disabilities. Some of these areas are rail, ferry and air transportation; currency; broadcasting; culture; and some aspects of seniors programs, housing and health promotion.

But federal programs and services are only part of the story. The provinces and territories also play a vital role in the lives of persons with disabilities, since they oversee most health and social services in Canada, including home care, attendant care and provision of technical aids and devices.

Help with everyday activities

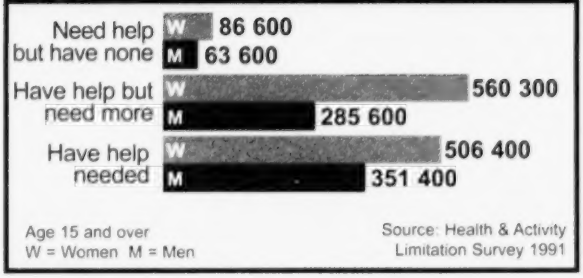
Some people with disabilities need help with one or more everyday activities, such as bathing, dressing, managing money or getting to work or school. Whether they get the assistance they need is one measure of access to disability supports and is an indication of how inclusive Canadian society is.

The data in Figure 5 reveal a gap between the amount of assistance people with disabilities need and what they actually get. Women with disabilities are more likely to say they need assistance and less likely to have all they need. Women's greater need for support may be partly due to their family roles and responsibilities. It may also relate to their longer life expectancy: as they age, they may need more help to live in their own home or community.

Families remain the most important source of help with daily activities. The 1991 HALS found that the majority of people with disabilities received help from family and friends only. Just 14% received help exclusively from community service agencies, and 18% got help from a combination of agencies, families and friends. These figures underline the importance of government assistance and support to family members so that they can continue their vital role.

In many Aboriginal communities, some services that persons with disabilities need are not yet available. According to the 1991 Aboriginal Peoples Survey, among Aboriginal persons with disabilities who received help, approximately 90% got at least some of it from family. Some 34% got assistance from friends or neighbours. While there is a strong cultural tradition for support from family and friends, 10% of Aboriginal persons with disabilities had some help but needed more, while another 17% needed help but had none.

5. Help with everyday activities (1991)



Age 15 and over
W = Women M = Men

Source: Health & Activity Limitation Survey 1991

Figure 5 description – According to the 1991 Health and Activity Limitation Survey, less than half of the nearly 1.9 million people aged 15 and over who needed help with daily activities said they had all they required. Almost 45% received some help but needed more, and 10% needed help but had none. Figure 5 also shows that women with disabilities are more likely than men to say they need help and less likely to receive all they need. The survey found that 1.1 million women with disabilities needed assistance and 44% had all they needed. In contrast, 700 000 men needed assistance and 50% had all they needed.

The Government of Canada has special relationships with Aboriginal people. In s.35(2) of the Constitution Act, 1982 it states that "In this Act, "aboriginal peoples of Canada" includes the Indian, Inuit and Métis peoples of Canada.

√ Government Action

Canadians with disabilities and their families may incur major costs when purchasing the assistance and disability supports they need. The Government of Canada provides substantial tax measures to assist persons with disabilities and those who care for them. Provincial and territorial governments also have tax measures that take the costs of disability into account.

Recent budgets have enriched the existing federal tax measures and introduced new ones to help people with disabilities. With these enhancements, federal tax assistance to persons with disabilities and those who care for them increased from $600 million per year in 1996 to about $1.1 billion per year in 2002.[17]

The disability tax credit (DTC) provides tax assistance to individuals with severe and prolonged impairments, the effects of which cause them to require extensive therapy to sustain a vital function, or markedly restrict their ability to perform such basic daily activities as walking; feeding and dressing themselves; perceiving, thinking and remembering; speaking; hearing; and eliminating bodily waste. The DTC recognizes not only costs related to help with daily activities, but other types of disability-related costs that are difficult to itemize. For 2002 the credit provides a federal tax reduction of up to $989, an amount that is fully indexed to inflation. Families caring for children with severe and prolonged impairments may get further tax assistance through the DTC supplement for children.

The caregiver tax credit reduces the taxes of people who provide in-home care for a parent or grandparent over 65, or for an infirm dependent relative. The infirm dependant credit provides tax assistance to individuals who provide support to a relative living in a separate residence who is a dependant because of a physical or mental infirmity. In 2002 the maximum amount for each tax credit was $577, which is reducible based on the income of the dependent relative. The amount of both credits and the income level at which they are reduced are fully indexed to inflation.

In response to public concerns about the administration of the disability tax credit, the House of Commons Subcommittee on the Status of Persons with Disabilities, a subcommittee of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, held hearings in the winter of 2002. The Standing Committee later issued a report containing 16 legislative, policy and administrative recommendations, the most important of which were related to the eligibility criteria for the DTC.

The Government has since responded to this report and its recommendations.[18] For example, an evaluation of the DTC will begin once data from the Participation and Activity Limitation Survey become available in 2003. As well, before the Government's response was tabled, the Canada Customs and Revenue Agency had begun meetings with disability groups, medical experts and HRDC both to establish a long-term consultative process and to improve the DTC certification form and application process.

Apart from tax assistance, the Government of Canada provides other help with disability supports. For example, through the First Nations and Inuit Home and Community Care Program, the Government provides support to develop

[17] Canada Customs and Revenue Agency is responsible for the administration of tax measures, while the Department of Finance is responsible for tax policy.

[18] See the Web site of the House of Commons Subcommittee on Persons with Disabilities for this report and the Government's response: http://www.parl.gc.ca/disability/Home/index_e.asp?Language=E

home and community care services on reserves and in Inuit communities.

Provinces, territories and the Government of Canada have committed to working together to improve access to disability supports and to make sure those supports are still available if a person moves to another community. Work to fulfill this commitment is ongoing.

To better understand issues faced by women with disabilities, Status of Women Canada has funded research into equality issues for women with disabilities, and the role of women as informal caregivers and their caregiving relationships with persons living with disabilities. Also, a question on unpaid work was added to the 2001 census to help measure the amount of informal care provided by Canadian families.

In the 2002 Speech from the Throne, the Government also committed to "put in place targeted measures for low-income families caring for children with severe disabilities, to help meet the needs of the child and of the family."

Aids or devices for everyday activities

In addition to personal assistance, people with disabilities may need aids or devices to support their mobility, hearing, seeing, speaking or use of hands and arms. Measuring progress in this area is important, since aids and devices can directly affect whether persons with disabilities can go to school or work, earn income and get involved in other activities. Yet as shown in Figure 6, many persons with disabilities do not have the aids they need.

Among Aboriginal adults with disabilities, some 25% required aids or devices for daily activities in 1991. No national statistics show the degree of unmet need for aids among Aboriginal people with disabilities.

6. Needs for aids and devices (1991)

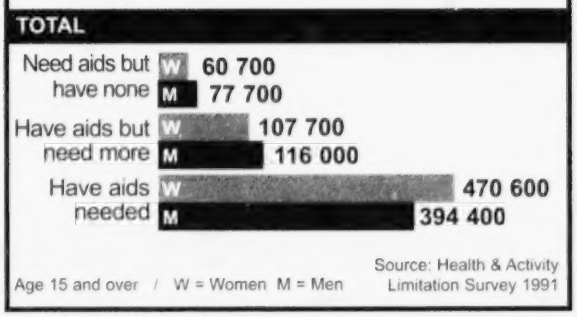


Figure 6 description – In 1991, of the approximately 1.2 million Canadians aged 15 and up who needed aids or devices for everyday activities, 70% had what they required. Nearly 20% needed more aids than they had, and just over 10% needed aids but had none. Nearly 640 000 women and 590 000 men needed aids or devices. About 70% of women and 66% of men said they had all the aids they needed.

The 1991 HALS found that cost was the main reason why individuals lack the aids they need. When people with disabilities cannot afford aids, they may turn to government programs. However, the disability community has argued that the fragmentation of government programs that provide funding for aids, devices and other disability supports can create more obstacles. When individuals move to a new jurisdiction, when they leave school to start work, or when they make other transitions, they may find they are no longer eligible for the funding they received until then. When this happens, people may lose important supports, which in turn may prevent them from enjoying the same choices as other Canadians.

√ Government Action

The Government of Canada, through the tax system, acknowledges the extra costs Canadians may incur for aids, devices and other supports. The medical expense tax credit recognizes that above-average medical expenses affect an individual's ability to pay tax. The amount of the credit is based on the amount of qualifying medical expenses and on the taxpayer's net income. There is no upper limit to the amount of eligible expenses that may be claimed. Taxpayers may claim the medical expenses that they or their spouses incur, as well as, in certain circumstances, expenses incurred by specified dependent relatives.

The list of eligible medical expenses includes not only disability-related aids and devices, but also disability-related expenditures in other areas mentioned in this report, including attendant care, prescription drugs, home modifications and transportation costs. The list of eligible medical expenses is regularly reviewed and expanded in light of new technologies and other disability specific or medically related items. For example, the 2000 budget recognized as an eligible expense the incremental cost of modifications to new homes to assist individuals with severe mobility impairments.

As well, the Non-Insured Health Benefits Program (NIHB) of the First Nations and Inuit Health Branch provides, to registered Indians and recognized Inuit and Inuu, a range of health benefits to meet medical or dental needs not covered by provincial, territorial or other third party plans. These health benefits include drugs, dental care, vision care, medical supplies and medical equipment, short- term crisis intervention counselling and transportation to access medically-required health services.

Another Government of Canada approach to ensuring that Canadians with disabilities have the aids they need involves the Office of Learning Technologies (OLT) in Human Resources Canada. OLT supports initiatives for new learning technologies to promote the inclusion of groups and individuals, including persons with disabilities, who face barriers to participating in today's knowledge economy. Its Community Learning Networks Initiative supports the establishment of networks to help individuals and groups acquire technology skills and overcome learning disabilities or barriers to learning. In 2000–2001, OLT had 20 active projects of its budget (3% of its budget) that focused specifically on the needs of persons with disabilities.

In *Future Directions*, the 1999 statement of the federal disability agenda, the Government of Canada committed to promoting universal design of products, services and environments to enable full participation of persons with disabilities. To this end, the Government provided support for "Inclusion by Design" a world congress hosted by the Canadian Council on Rehabilitation and Work in June 2001. The Government has also encouraged the use of universal design principles in federally regulated industries so that devices such as bank machines, ticket machines and telephones are accessible to as many people as possible.

Home modifications

Persons with disabilities may need to make changes either inside or outside their homes, or both, to live independently and enjoy a higher quality of life. People with disabilities may need modifications so that they can turn on lights or open windows and doors. They may need

changes to the kitchen so that they can prepare meals from a wheelchair. Wider doorways and modified washrooms are other possible needs. For persons with respiratory or immunological conditions, the quality of indoor air and drinking water is critical. Persons who are deaf may need visual doorbells, and persons who are blind may need talking programmable thermostats.

In 1991 there were over 800 000 persons with disabilities aged 15 and over whose homes required either interior or exterior modifications or both. Figure 7 shows that only a minority of those persons had all the modifications they needed. Most needed modified fixtures, such as lower light fixtures or countertops. Many needed equipment, such as shower grab bars or stairlifts. Some needed exterior modifications to their homes, including ramps.

The 1991 Aboriginal Peoples Survey found that three% of Aboriginal people with disabilities needed adaptive features to enter or leave their homes. For Aboriginal people living on reserves or in remote areas, overall the issue of overall housing conditions goes beyond adaptations for persons with disabilities. Still, some progress is being made. In March 2002 the number of adequate on-reserve housing units (those not needing replacement or renovation) was 51 269. This represents about 56% of the approximately 92 000 on-reserve housing units at the time. In comparison, in March 1997 the amount of adequate housing was about 52% (41,885 units) of the 80 443 units then available.

7. Need for home modifications 1991

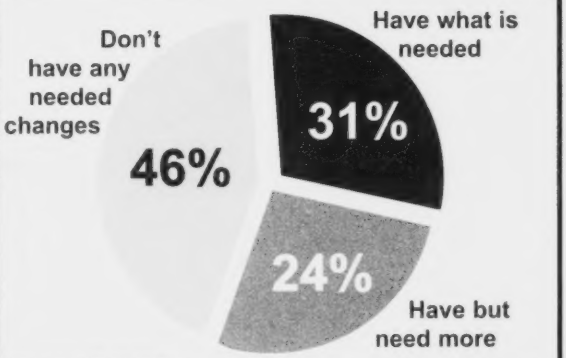


Figure 7 description – According to the 1991 Health and Activity Limitation Survey. 31% of persons with disabilities aged 15 and over said they had all the home modifications they needed. Another 24% had some adaptive features but needed more. Nearly half—46%—did not have the modifications they needed.

√ Government Action

Under the Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D), the Canada Mortgage and Housing Corporation (CMHC) offers financial help to homeowners and landlords for eligible modifications that improve the accessibility of dwellings occupied by low-income persons with disabilities. RRAP-D is available in all areas, including reserve communities.

Homeowners qualify for RRAP-D assistance if their house value is below a certain figure and their household income is at or below established ceilings. Landlords may receive assistance to modify units if rents are at or below certain levels and tenants' incomes are equal to or under set ceilings. Assistance is also available for landlords who own rooming houses with rents below established levels. In 2001 an

estimated 1 625 households received $11.4 million in forgivable assistance.

As well, CMHC offers the Home Adaptations for Seniors' Independence (HASI) program to assist low-income seniors who have difficulty with daily activities in the home. The program provides one-time, non-repayable contributions of up to $2 500 to assist with minor home adaptations. These adaptations are usually permanent additions, replacements or relocations that make daily home activities easier and safer. They may include handrails in hallways and stairways, door lever handles, and grab bars for showers and bathtubs.

Homeowners and landlords are eligible to apply for HASI if the occupant of the unit intended for modification is 65 years of age or over. To qualify, household income must be at or under the threshold established for the type of household in the area. The HASI program is also available on reserve to Aboriginal people with disabilities. In 2001 around 4 425 households received $8.4 million in forgivable assistance.

CMHC also provides leadership in ensuring that new homes have flexible enough designs to meet changing needs. FlexHousing is an innovative new approach to housing design that CMHC developed to respond to the needs of today's families and to support independent living for persons with disabilities and for seniors. In 2001 CMHC spent $250 000 on demonstrations and information to promote FlexHousing to the housing industry and the public.

For veterans with service-related disabilities, Veterans Affairs Canada provides needs-based support for home modifications. Veterans Affairs also collaborates with the Royal Canadian Legion and CMHC on housing support for seniors.

To continue to improve housing on First Nations reserves, the Government of Canada has committed $200 million over five years, in addition to the $138 million it already provides annually.[19] However, because the housing program of Indian and Northern Affairs Canada is under First Nations community control, measures to accommodate people with disabilities largely depend on decisions at the community level.

Local and long-distance transportation

Accessible transportation can mean the difference between being able to work and being unemployed, between participating in the community and being excluded. It can affect whether someone can pursue higher education, go to church or visit the doctor or dentist. Most people with disabilities are able to travel in their communities and around the country if there is appropriate and accessible transportation. But access to transportation is often inadequate, varying greatly among urban, rural and remote communities.

The 1991 HALS found that 10% of persons with disabilities aged 15 and over had problems with local transportation. These problems ranged from a complete absence of accessible transportation in their community to inflexible scheduling to the expense of taking taxis because of their disability. Owing to problems with the transportation system, 20% of Canadians with disabilities had problems with long-distance travel (80 kilometres and over). Access problems in terminals, airplanes, trains, buses and ferries, or employees who are unprepared for or unfamiliar with the needs of persons with disabilities, can all make long-distance travel difficult.

[19] Ministerial presentation to the House of Commons Standing Committee on Aboriginal Affairs: *2002–2003 Report on Plans and Priorities*, Ottawa, 9 May 2002. http://www.ainc-inac.gc.ca/nr/spch/index_e.html

However, a 2001 report by the Canadian Transportation Agency stated that the airline industry has made good progress over the past 10 years in resolving access problems for air travellers.[20]

For Aboriginal persons with disabilities who live in remote and northern areas, transportation is especially challenging. Many Aboriginal communities have poor roads and no paved sidewalks. Many northern communities have no roads linking them to other communities; access may be only by air or water. For persons with disabilities in these communities, air transportation can be both expensive and difficult. This is due partly to location and partly to such basic problems as getting into and out of small airplanes and using airports with limited facilities.

The Aboriginal Peoples Survey of 1991 found that these transportation issues created problems for almost 10% of Aboriginal persons with disabilities on short trips, and for nearly 13% on long trips over 80 kilometres.

√ Government Action

Each year more than 3.8 million Canadians with disabilities and their families, friends and companions use the federally regulated transportation system. The Government of Canada is working to improve access to those areas of the system that are under federal regulation, including air, rail, marine, interprovincial and cross-border transit. The Government's efforts include furthering research on accessible transportation; sharing information with transportation providers and consumers, including through Government On-line; and exercising its regulatory role.

Because provinces, territories and municipalities have jurisdiction over local transportation systems operating wholly within their boundaries, the Government of Canada also works with these governments.

Transport Canada has developed and monitors the Intercity Bus Code of Practice and provides mediation services to resolve complaints under the code. It is also responsible for research and development through the Transportation Development Centre. As part of Government On-line, Transport Canada has launched the Access to Travel Web site www.accesstotravel.gc.ca to supply information on accessible transportation across the country. Transport Canada also has a reciprocity agreement with the European Conference of Ministers of Transport for the reciprocal recognition of disabled parking permits.

The Canadian Transportation Agency monitors accessibility in air, rail and marine transportation, with an emphasis on improving accessibility.[21] The Agency is responsible for making sure that any undue obstacles to the mobility of persons with disabilities are removed from federally regulated transportation services and facilities. The Agency investigates complaints from persons with disabilities who have had difficulty using transportation that falls under federal jurisdiction. It also sets, administers and enforces regulations and codes of practice for transportation accessibility. In doing so, the Agency consults closely with persons with disabilities, the transportation industry, Transport Canada, the provinces and territories and other countries. Its aim is to ensure accessible, integrated transportation for persons with disabilities.

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[20] Refer to the accompanying technical report (http://www.hrdc-drhc.gc.ca/bcph-odi) for more details on the findings from the Canadian Transportation Agency survey.

[21] The Canadian Transportation Agency's Web site is http://www.cta-otc.gc.ca/index_e.html

In 1998 the Canadian Transportation Agency produced a booklet called *Taking Charge of the Air Travel Experience: A Guide for Persons with Disabilities.*[22] This guide offers useful tips to help people with disabilities in planning air travel. Since its release, more than 45 000 copies have been distributed. In a survey of users, 97% said they felt more confident about travelling thanks to the guide. As one user put it, "The guide helped me to feel more comfortable about travelling alone."

Information in multiple formats

Technology is expanding the formats in which information, ideas and entertainment are available to all Canadians. Yet research shows that there are still gaps in the information available to people with disabilities.

More than three million Canadians—10% of the population—are print-disabled.[23] Print disability may result from vision limitations or from learning disabilities. It may also stem from motor impairments that make it difficult to hold a book, turn a page or work with computer equipment. The National Library of Canada's database contains more than 20 million records, but only 250 000 of them are audio-book, Braille or large print. Only three% of new Canadian publications are available in multiple formats (audio, Braille, large print, e-text).[24]

In contrast, in the broadcast medium some 90% of television programs are now available with closed captioning, including nearly all newscasts. A number of new technologies are making television broadcasts more accessible for individuals with hearing and visual disabilities. Besides closed captioning, which displays the audio portion of a program as subtitles, there is descriptive video, which provides a separate audio description of textual or graphic information. By giving an oral description of a program's key visual elements, descriptive video helps people with vision impairments to form a mental image of what is happening.

Computers and the Internet are also beginning to make large amounts of information more accessible in electronic formats.

Aboriginal people with disabilities have some unique informational needs. Consultations with Aboriginal organizations have shown that more cultural materials produced by Aboriginal peoples must be available in multiple formats, as well as more information about disability programs for Aboriginal people.

√ Government Action

In June 2000 the Government of Canada became the first body in the world to adopt "common look and feel" guidelines, which require all its Web sites to conform to the Web Content Accessibility Guidelines of the international World Wide Web Consortium (W3C) Web Accessibility Initiative. A core principal of this initiative is that the power of the Internet should be available to everyone, regardless of ability.

The Government of Canada, through the Government On-line Initiative, is making it easier for persons with disabilities to access information of specific interest to them. The Persons with Disabilities Online site www.pwd-online.ca provides comprehensive information on Government of

[22] This publication is available at http://www.cta-tc.gc.ca/access/guide/index_e.html

[23] *Fulfilling the Promise*, Report of the Task Force on Access to Information for Print-Disabled Canadians, Ottawa, 2000, http://www.nlc-bnc.ca/accessinfo/s36-200-e.html

[24] Ibid. This was an estimate by the Task Force on Access to Information for Print-Disabled Canadians.

Canada programs for persons with disabilities and links to many other helpful resources.

Another key resource for Canadians with disabilities is Disability WebLinks www.disabilityweblinks.ca. The federal, provincial and territorial governments launched this service in April 2001 to supply information about their programs and services of interest to persons with disabilities.

Both Persons with Disabilities Online and Disability WebLinks provide access to information on a variety of disability-related topics, including accessibility, education, employment, financial support, health, housing and residential support, personal support, rights, tax programs and transportation.

On a broader front, Canada's National Library, announced the new Council on Access to Information for Print-Disabled Canadians [25] in February 2001. The Council provides advice, identifies funding requirements, monitors progress and develops ideas for implementing the recommendations of the Task Force on Access to Information For Print-Disabled Canadians.

The Council has made contact with many Government departments and is continuing its efforts to make more material available in multiple formats for print-disabled Canadians. For example, in March 2002 the Council published the *Manager's Guide to Multiple Format Production* in partnership with Industry Canada and the Treasury Board Secretariat. This document provides guidelines for developing and publishing accessible Government of Canada material, but its information is useful for public and private sector organizations alike.[26]

Beyond government information, major cable and satellite services are required by the Canadian Radio-television and Telecommunications Commission[27] (CRTC) to provide VoicePrint, a 24-hour news and information reading service, to their English-language subscribers. La Magnétothèque provides a similar French-language service.

When the CRTC holds hearings to review broadcast licences or to consider new ones, it can impose requirements on broadcasters to provide other formats. Major broadcasters like CBC, CTV and Global must supply closed captioning for at least 90% of their programming during the broadcast day, including 100% of local news. Medium and smaller stations, along with specialty channels, are being encouraged to meet this standard. Captioning technology was originally developed for the English language, but French-language networks are now moving towards the same standards. TVA, Canada's largest French-language network, must caption 100% of news programming by 2004 and 90% of all programming by 2007.[28]

Health care requirements

Obtaining needed health care and social services is an important indicator of access to disability supports. Health care is one of the most valued services for Canadians. It is especially important for persons with disabilities, who may have chronic health conditions or pain.

Data from the National Population Health Survey and the Canadian Community Health Survey indicate that the majority of adults

[25] The Council's Web site is http://www.nlc-bnc.ca/accessinfo/

[26] *Manager's Guide to Multiple Format Production*, Assistive Devices Industry Office, Industry Canada, 2002, http://www.nlc-bnc.ca/accessinfo/s36-202.001-e.html

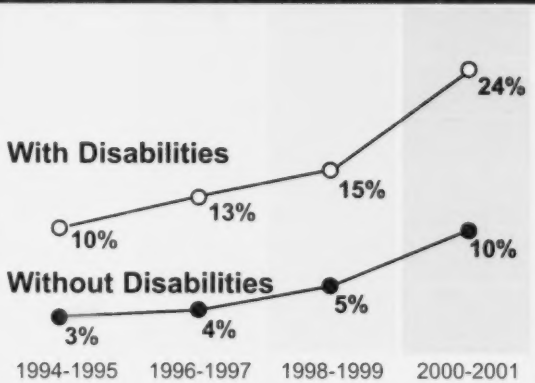
[27] The CRTC Web site is http://www.crtc.gc.ca

[28] See the CRTC Web site for further information: http://www.crtc.gc.ca/eng/INFO_SHT/b302.htm#cap

with disabilities are able to get the health and social services they need. However, the percentage of people with and without disabilities who are having trouble getting needed health and social services has been rising for several years. Still, according to ongoing surveys, persons with disabilities are less likely to receive the health care they believe they need than persons without disabilities. Figure 8 shows that this situation has been getting worse.

Consultations with Aboriginal organizations and other research data suggest that many Aboriginal people with disabilities who live in remote or northern communities may not have access to required health care within their communities. These individuals often need additional health care and social services, and when the services are not available locally, some of these people move to larger centres. However, those consulted believe that moving Aboriginal people with disabilities away from their culture and community to receive health care is stressful. Leaving family and friends can lead to isolation and loneliness.

8. Persons needing health care in past 12 months that was not received



Source: National Population Health Survey 1998-99, 1997-96, 1994-95
Canadian Community Health Survey 2000-2001

Age 15 and over

Figure 8 description – According to the 2000–2001 Canadian Community Health Survey, 24% of adults with disabilities said that in the previous 12 months they did not receive all the health care they needed. That number is up from 10% in 1994–1995. Among adults without disabilities, 10% said they did not receive the health care they needed, up from three% in 1994–1995.[29]

√ Government Action

The Government of Canada recognizes that this country needs a health care system that will meet the needs of all Canadians. In 2000 the Government of Canada committed $21.2 billion over five years to the Health Action Plan. This funding, provided as part of the Canada Health and Social Transfer, will help provincial and territorial governments move forward in building a sustainable health care system that meets the needs of all, including those with disabilities.

Under the Canadian Constitution, the Government of Canada is responsible for health protection, interpreting the *Canada Health Act* and funding a portion of health care. Provincial and territorial governments are responsible for delivering health care to most Canadians, though the Government of Canada has special responsibilities for services to First Nations and Inuit people, members of the military and veterans. Both orders of government share responsibility for health education and promotion.

[29] Overall population trends in unmet health care needs were published in *Health Reports*, vol. 13 (March 2002), available from Statistics Canada, http://www.statcan.ca/english/services/

In May 2001 the Commission on the Future of Health Care in Canada, created to make recommendations to strengthen Canada's health care system, began collecting information and ideas. The Commission looked at how to build a health care system that meets Canada's current and future needs and presented its report in November, 2002. In addition, the Senate Standing Committee on Social Affairs, Science and Technology recently completed a two-year study of Canada's health care system. In light of these recent research efforts, the Government is committed to working with provincial and territorial governments and other partners to ensure that all Canadians, including persons with disabilities, get the services they need from the health care system.

Veterans Affairs Canada (VAC) is responsible for health care for certain groups of wartime and peacetime veterans. Under the Veterans Independence Program, VAC provides health and support services, personal care, assistance with housekeeping and grounds maintenance, and access to nutrition services, as well as a broad range of treatment benefits (including aids for daily living, hearing aids, vision care, dental services, medical supplies, prescription drugs and special equipment). A counselling and advocacy service is also available.

VAC is also responsible for the rehabilitation and reintegration of former Canadian Forces members into civilian society. Through the Transition Services Initiative, a broad range of services is available to help with the transition from military to civilian life—a vital aid for disabled veterans who leave the Forces for medical reasons.

VAC is now building on more than 60 years of experience in disability management to address a major new challenge related to the growing number of disabled younger veterans and their families. The Department is also planning a program redesign to reflect modern approaches to disability management. Its aim is to give veterans with disabilities better access to supports to maximize their independence and enhance their well-being, and to eliminate the barriers that preclude their full participation in Canadian society.

The Government of Canada has special health care responsibilities for First Nations and Inuit people. The Government helps First Nations and Inuit persons with disabilities to get the health care they need through a number of programs. Among them are the Non-Insured Health Benefits Program and the First Nations and Inuit Home and Community Care Program, both through Health Canada, and the Adult Care Program through Indian and Northern Affairs Canada.

As discussed earlier, the Non-Insured Health Benefits Program (NIHB) provides, to registered Indians and recognized Inuit and Innu, a range of health benefits to meet medical or dental needs not covered by provincial, territorial or other third party health plans. The Adult Care Program offers social support and assistance for daily activities, enabling individuals who have lost some measure of independence, such as people with disabilities or the elderly, to remain at home and in their community whenever possible. The program is available to First Nations people who ordinarily live on reserve. The Home and Community Care Program is a coordinated system of home and community-based health-related services that are comprehensive, culturally sensitive, accessible and comparable to those available to other Canadians. The program builds on and links to INAC's Adult Care program and Health Canada's NIHB and other related programs.

PRINCIPAL DISABILITY SUPPORTS PROGRAMS AND INITIATIVES

Bank of Canada
- Accessible currency

Canada Customs and Revenue Agency
- Accessible procedures for income tax filing, customs procedures, etc.
- Multiple formats
- Services for deaf or hard of hearing clients and clients with speech impairments

Canada Mortgage and Housing Corporation
- FlexHousing
- Home Adaptation for Seniors' Independence (HASI)
- Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D)
- Residential Rehabilitation Assistance Program for Persons with Disabilities (RRAP-D)—on reserve

Canadian Human Rights Commission
- Complaint and dispute resolution

Canadian Radio-television and Telecommunications Commission
- Broadcast media regulation (voice/print)

Canadian Transportation Agency
- Codes and regulations
- Complaint and dispute resolution
- Public awareness

Department of Finance and Canada Customs and Revenue Agency
- Caregiver tax credit
- Customs tariffs
- Disability tax credit (DTC)
- DTC supplement for children
- Federal Excise Gasoline Tax Refund Program
- Infirm dependant credit
- Medical expense tax credit

Elections Canada
- Accessible polling stations
- Election material and ballots in multiple formats

Environment Canada (Parks Canada)
- Accessible services at Parks Canada sites

Health Canada
- Division of Aging and Seniors
- First Nations and Inuit Home and Community Care Program
- Non-Insured Health Benefits Program for First Nations and Inuit people
- Office of Health and the Information Highway

Human Resources Development Canada
- Disability WebLinks (with provinces and territories)
- Office For Learning Technologies
- Persons with Disabilities Online (disability portal of Government of Canada Web site)

Indian and Northern Affairs Canada
- Adult Care Program

Industry Canada
- Assistive Devices Industry Office
- Participation in various Canadian Standards Association committees, including Barrier-free Design, and Personal and Community Safety
- Support to the W3C Web Accessibility Initiative
- Web accessibility (Web-4-All) through Information Highway Applications Branch

Justice Canada
- Communication program (information for persons with disabilities about justice system, multiple formats)
- Grants and contributions for projects such as public legal education and information projects, training models, research and education projects

National Library of Canada
- Council on Access to Information for Print-Disabled Canadians
- Multiple format guidelines

Public Works and Government Services Canada
- Accessible federal office facilities and workplaces
- Participation in Canadian Standards Association (Barrier-free Design Committee)
- Sign language interpretation
- Universal design in federal office facilities

Transport Canada
- Access to Travel Web site
- Canadian-European parking agreement
- Monitoring and mediation services for the Intercity Bus Code of Practice
- Research and development through Transportation Development Centre

Treasury Board Secretariat
- Government On-line Initiative

Veterans Affairs Canada
- Assistance Service for Former Canadian Military Members and Their Families
- Attendance allowance
- DND-VAC Centre for the Support of Injured and Retired Members and Their Families ("the Centre")
- Health care (treatment benefits and Veterans Independence Program)
- Table of Disabilities and Entitlement Guidelines Project
- Telehomecare pilot project with P.E.I.
- Transitional support for Canadian Forces members

Skills Development, Learning and Employment

This section looks at six indicators that measure opportunities for skills development, learning and employment for persons with disabilities. It also describes the Government of Canada's commitments and actions in each area, including highlights of specific programs and services.

Canadians are building a knowledge-based economy to stay competitive in the global marketplace of the 21st century. Success will mean being innovative, adaptable and quick to develop new ideas. An important ingredient in this success is ensuring a solid learning foundation for young people. Another is developing and maintaining a skilled workforce that values lifelong learning and skills upgrading.

By the year 2020, Canada may have a shortage of nearly one million workers.[30] The country must take measures now to make sure all working-age adults have the right skills and opportunities to participate fully in the economy and in society.

Skills development and learning are one among the government's highest priorities for Canadians, especially for persons with disabilities and Aboriginal people. Research shows that persons with disabilities still encounter a number of barriers to full participation in learning and work. Women with disabilities and Aboriginal persons with disabilities face even greater challenges than others.

SIX INDICATORS OF PROGRESS
Children aged 6-15 attending school
Working-age adults with post-secondary diplomas or degrees
Employment rate
Persons employed all year
Hourly wage
Employers providing facilities, equipment or aids to accommodate persons with disabilities

"It's all about equipping Canadians with the skills they need to participate fully in the workplace and in society... Knowledge is the currency in the new economy. Knowledge is the bridge to social cohesion."

Honourable Jane Stewart, Minister
Human Resources Development
February 15, 2002

Children aged 6–15 attending school

Research has shown that education is the key to the future for all people, particularly those with disabilities and even more so for Aboriginal persons with disabilities. Through education, people develop a range of skills and abilities important for work and social situations. These skills and abilities go beyond technical

[30] From "Remarks by the Honourable Jane Stewart, Minister of Human Resources Development, on Post Launch of *Knowledge Matters: Skills and Learning for Canadians*." Montreal, 15 February 2002. http://www.hrdc-drhc.gc.ca/common/speeches/minhrdc/20020215.html

knowledge to include communications, teamwork, flexibility and adaptability.

Over 90% of all Canadian children attend publicly funded schools. But among children with disabilities, the number is slightly lower.[31] There are no data yet on the percentage of Aboriginal children with disabilities who attend school.

Children with special needs face many unique challenges related to learning and participating in school. Questions of integration of children with disabilities and the availability of supports to permit their success in school are not addressed in this report. Future reports will provide detailed information on children with learning, developmental and other disabilities from PALS 2001.

√ Government Action

The Government of Canada recognizes that lifelong learning, so important to success in an information-based economy, begins in childhood. As a result, the Government is working to coordinate its social policy initiatives with those of other orders of government to help families and children build a solid learning foundation.

Under the Canadian Constitution, the Government of Canada provides funding for the education of First Nations students who live on reserves and Inuit students. The provinces and territories are responsible for the delivery of education to most other people living in Canada.

The National Children's Agenda provides a shared vision to guide the creation of a comprehensive system of supports for children and families in Canada.[32]

The Government of Canada provides funding for elementary and secondary education for First Nations students on reserves and for Inuit students. This funding covers instructional services in federal schools, reimbursement of costs for on-reserve students who attend provincial schools and funding for instruction in First Nations schools. The Government also funds student support services—including transportation, accommodation, student financing, and guidance and counselling services—for First Nations and Inuit students with and without disabilities.[33]

The 2001 federal budget announced new funding of $30 million a year for two years to meet the unique needs of First Nations children with disabilities who live on reserves and Inuit children with disabilities.[34] The 2001 budget also provided $185 million over the next two years to do the following:

- enhance programs, such as child-care and head-start programs, that support early childhood development;
- intensify efforts to reduce the incidence of fetal alcohol syndrome and fetal alcohol effects on reserves ; and
- increase funding to support children on reserves who have special needs at school.

[31] National Longitudinal Survey of Children and Youth (1998–1999), Statistics Canada and Human Resources Development Canada.

[32] See *Knowledge Matters: Skills and Learning for Canadians* (Human Resources Development Canada, 2002) for a more complete discussion of how the Government is contributing to lifelong learning for children and youth. The report is available at http://www.hrdc-drhc.gc.ca/sp-ps/sl-ca/doc/knowledge.pdf

[33] *First Nations National Reporting Guide 2001–2002*, Indian and Northern Affairs Canada.

[34] "Backgrounder, Minister's National Working Group on Education," Indian and Northern Affairs Canada, http://www.ainc-inac.gc.ca/nr/prs/m-a2002/02158bk_e.html

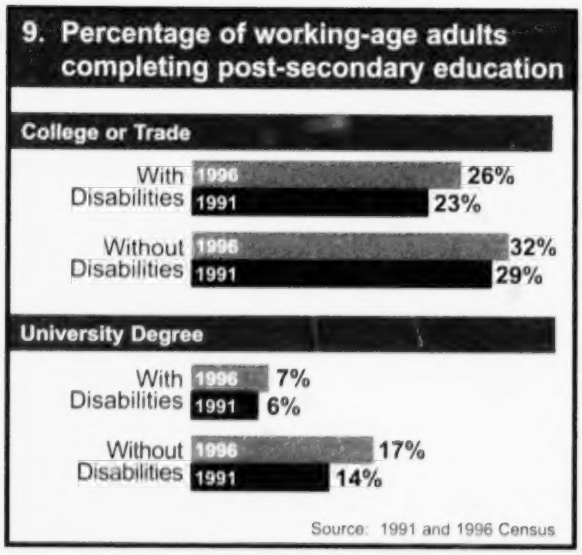


Figure 9 description – Based on the 1996 census, 33% of working-age adults (aged 20–64) with disabilities have completed a post-secondary education program, compared to almost 50% without disabilities. Among adults with disabilities, 7% have a university degree, compared to 17% among those without disabilities. Another 26% of adults with disabilities have completed a trade or community college diploma, compared to 32% of those without disabilities. Figure 9 also shows that in every case these rates are better than in 1991.

Working-age adults with post-secondary diplomas or degrees

In the knowledge-based economy, higher education is becoming the key to preparing for, finding and keeping work. Within the next few years, seven in ten new jobs will require some form of post-secondary education or training.[35] Figure 9 shows that a growing percentage of persons with disabilities are completing post-secondary studies. Not shown in the figure is that the rates of post-secondary completion for men and women with disabilities are almost identical.

Overall, combining university, college and trades, Canadian adults with disabilities are about two thirds as likely to have a post-secondary education as adults without disabilities. Similarly, working-age adults with disabilities in Europe are about two thirds as likely as their counterparts without disabilities to have a post-secondary education. However, the overall rate of completing post-secondary education is lower in Europe than in Canada. In the United States, working-age adults are more likely to have a post-secondary education than in Canada, and the ratio of post-secondary completion by persons with and without disabilities is also higher than in Canada.

Figure 10 shows the rates of post-secondary completion among working-age Aboriginal people. Among those with disabilities, 25% have completed a post-secondary education program, compared to 30% of those without disabilities.

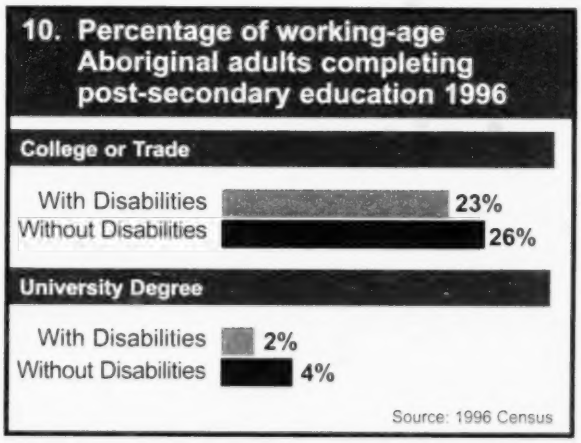


Figure 10 description – Among working-age Aboriginal persons with disabilities, two% have a university degree and 23% have completed a trade or community college diploma. Among Aboriginal persons without disabilities, four% have a university degree and 26% have a trade or community college diploma.

[35] *Knowledge Matters: Skills and Learning for Canadians*, available at http://www.hrdc-drhc.gc.ca/sp-ps/sl-ca/home.shtml

Looking at the overall rate of post-secondary graduation, there is a sizeable gap between Aboriginal and non-Aboriginal persons with disabilities (25% versus 33%) and between Aboriginal persons with disabilities and Aboriginal persons without.

In recent years the number of First Nations students funded by Indian and Northern Affairs Canada and enrolled in post-secondary institutions has doubled, from 13,000 in 1986–1987 to about 26,000 students now.[36] According to the 1996 census, the number of on-reserve registered Indians who have graduated from post-secondary programs has risen to over 20,000, up from about 11,000 in 1986. How many of these students have disabilities is unknown.

√ Government Action

The 2001 federal budget provided more than $1.1 billion over three years to support skills development, learning and related research, including additional support for persons with disabilities.

In February 2002 the Minister of Industry and the Minister of HRDC released two discussion papers that together present Canada's Innovation Strategy: *Achieving Excellence: Investing in People, Knowledge and Opportunity and Knowledge Matters: Skills and Learning for Canadians*. Both papers describe what Canada must do to ensure equal opportunity and economic innovation in a knowledge-based economy.

Since launching Canada's Innovation Strategy, Industry Canada and HRDC have led, with the help of other departments, a nation-wide series of consultations involving a range of groups and individuals from various economic and social sectors. These consultations have increased Canadians' awareness of the economic and social importance of innovation, skills and learning. They have also identified how Canada can meet the challenges of the current knowledge based economy.

From the consultations, five overarching themes emerged:

- R&D and commercialization;
- inclusive and skilled workforce;
- innovation environment;
- strengthening communities; and
- learning.

One of the most common frustrations to surface during the consultations concerned the barriers that keep talented people out of the labour market. While people recognized the central role of immigration in meeting future skill requirements, there was a strong consensus that Canada's priority should be to invest in the skills of Canadians—in particular, to bring Aboriginal people, people with disabilities and older workers into the mainstream workforce.

In November 2002 the Government hosted the National Summit on Innovation and Learning to shape recommended priorities for the Canadian Innovation and Learning Action Plan and to build commitments to move Canada's Innovation Strategy forward.

Under the Canadian Constitution, the provincial and territorial governments have jurisdiction over post-secondary education. In recent years the Government of Canada has worked closely with the provinces and territories to improve financial assistance programs for post-secondary students and to increase the resources available for university research.

[36] Figures provided by Corporate Information Management Directorate, Indian and Northern Affairs Canada.

The long-term success of Canada's Innovation Strategy depends on improving access to post-secondary study. The Government of Canada helps people with disabilities in their post-secondary training and education through the Canada Student Loans Program, and specifically through Canada Study Grants, which fund students with disabilities for supportive services and aids such as tutors, interpreters (oral and sign), note takers, readers, learning disability assessments, attendant care for studies and transportation to and from school. In the 2001 federal budget, the Government, as part of its commitment to skills and learning, increased the maximum study grant for disability-associated costs from $5,000 to $8,000.

Apart from these study grants to help with disability-related costs, some students with disabilities may find that the maximum student loans available do not meet their assessed needs. In these cases, a supplementary grant of up to $2,000 is now provided.

With these enhancements, the overall budget for Canada Study Grants in 2002–2003 will be $24 million. Many provinces and territories offer similar grant programs.

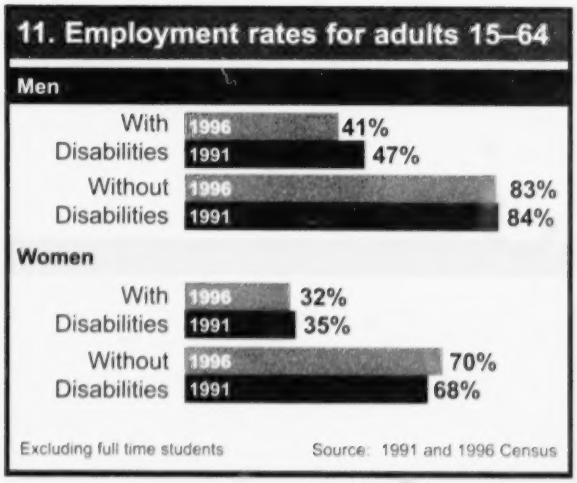


Figure 11 description – In 1996 the employment rate for men with disabilities was 41%, about half the rate for men without disabilities. This number was down from 47% in 1991. The rates for women with disabilities are similar. Their 1996 employment rate of 32% was less than half the rate for women without disabilities, and was down from 35% in 1991.

"The information technology revolution allows blind and vision-impaired people to do any job in the information society, but public attitudes have not yet entirely caught up, unfortunately."

Fran Cutler, Chair, National Board, CNIB, at Standing Committee on Human Resource Development and the Status of Persons with Disabilities, April, 2002

Employment rate

For most Canadian adults, working is an important way of participating in the community and in society. However, the 1996 census found that persons with disabilities are only half as likely to be employed as those without disabilities (see Figure 11). And the situation has deteriorated since 1991. A somewhat lower employment rate is perhaps unsurprising, since a minority of individuals with disabilities may decide not to seek paid employment, but the employment rates of Canadians with disabilities are clearly very low.

According to the Survey of Labour and Income Dynamics, after the recession of the early 1990s, people with disabilities needed more time to find work than those without disabilities.[37] Besides the obstacles to employment faced by both men and women

[37] Presented in *In Unison 2000: Persons with Disabilities in Canada*, Human Resources Development Canada, 2001. http://dsp-psd.pwgsc.gc.ca/pubs/2/1/MP43-390-2000E-1.html

with disabilities, those who have young children likely have an even harder time finding paid work because of their child-care responsibilities.[38]

Research has shown that more education improves the chance of finding employment for all Canadians, including those with disabilities. The 1996 census found that the employment rate among men with disabilities who had a university education was 64%, compared to 29% for those with less than a high-school education. The employment rate among women with disabilities who had a university degree was 61%, compared to 18% for those with less than a high-school education.

As Figure 12 shows, Aboriginal persons with disabilities are only half as likely to be employed as Aboriginal persons without disabilities.

12. Employment rate for adult Aboriginal population (1996)

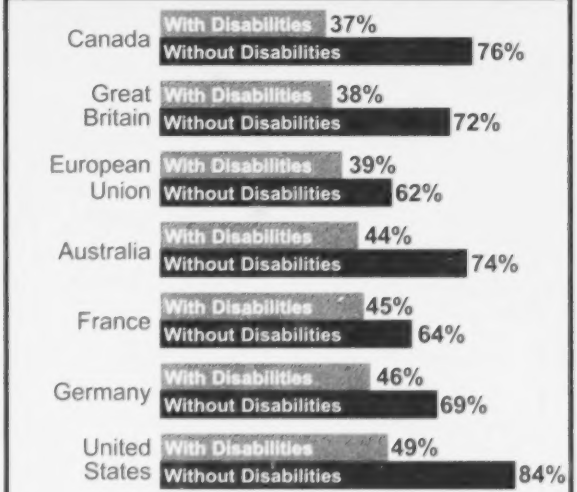
Excluding full time students

Source: 1996 Census

Figure 12 description – Based on the 1996 census, less than 30% of First Nations persons with disabilities, both on and off reserve, are employed. Only 31% of Inuit and Métis people with disabilities are employed. These rates are about half the employment rate for Aboriginal persons without disabilities in all four groups.

At the international level, as Figure 13 illustrates, Canada's rate of employing persons with disabilities is similar to that of Great Britain, but lower than the rates of the other countries listed.

13. International employment rates (1990s)



Sources: Canada – Census 1996; USA-Survey of Income and Program Participation 1997; Australia-Disability, Ageing and Carers Survey 1998; European Countries-European Commission Household Panel Survey 1996

Figure 13 description – Canada's employment rate for persons with disabilities is similar to that of Great Britain and the European Union overall. But it is lower than the rates for Australia, France, Germany and the United States.

√ Government Action

The Government of Canada has made it a priority to support all working-age Canadians with disabilities who want to find and keep work. To this end, the Government funds several major programs and initiatives.

[37] Presented in *In Unison 2000: Persons with Disabilities in Canada*, Human Resources Development Canada, 2001, http://dsp-psd.pwgsc.gc.ca/pubs/2/1/MP43-390-2000E-1.html

[38] See Gail Fawcett, *Bringing Down the Barriers: The Labour Market and Women with Disabilities in Ontario* (Ottawa: Canadian Council on Social Development, 2000).

HRDC provides employment assistance targeted to people with disabilities through two key programs: the Opportunities Fund (OF) [39] for Persons with Disabilities, and Employability Assistance for People with Disabilities (EAPD)[40] a federal-provincial initiative.

OF assists people with disabilities who do not qualify to receive benefits under Employment Insurance to prepare for, find and maintain employment. Potential beneficiaries of programs and services provided under OF include social assistance recipients, those who have never worked, or have not worked in a long time, and those who have worked but have long periods of unemployment between jobs. With an annual budget of $30 million, the fund provides assistance through wage subsidies for employers to hire individuals who they would not normally hire; financial incentives for individuals to accept employment; help to individuals to create jobs for themselves by starting a business; work experience opportunities which lead to on-going employment; direct assistance to individuals to obtain skills for employment; personal supports to assist persons with disabilities to access employment or employment services (such as employment counselling, resume writing and job finding clubs). The OF budget allocates $3 million annually for Aboriginal persons with disabilities.

EAPD is a joint federal-provincial initiative under which the Government of Canada contributes funding for provincial programs and services that help working age adults with disabilities prepare for, obtain, and retain employment. The Government of Canada has committed $193 million annually for the EAPD initiative.

The programs and services funded under EAPD vary among provinces, to reflect local priorities and circumstances. Examples of programs and services include employment counselling and assessment, employment planning, pre-employment training, post-secondary education, skills development, assistive devices, wage subsidies or earning supplements, and other workplace supports.

Each province is responsible for program design and delivery as well as client eligibility. The Government of Canada determines eligibility of provincial programming for funding under EAPD.

In the 2002 Speech from the Throne, the Government of Canada pledged to fast-track a comprehensive agreement with provinces and territories to remove barriers to participation in employment and learning for persons with disabilities. Progress in this area will ensure that the investments made by all levels of government have the greatest possible impact in helping men and women with disabilities succeed in the labour market. The agreement is being built around three goals: improving employability, enhancing employment opportunities, and improving and disseminating information about persons with disabilities and about effective practices to help them integrate into the workforce. Work toward this agreement is going on in conjunction with the renegotiation of the EAPD framework, which expires at the end of March 2003.

To support Aboriginal persons, the Government of Canada, in partnership with Aboriginal groups across the country, developed the Aboriginal Human Resources Development Strategy (AHRDS). A five-year, $1.6 billion strategy, AHRDS devolves funding and responsibility to Aboriginal people to design and deliver labour-market programming. Under

[39] The Opportunities Fund Web site is http://www.drhc.gc.ca/epb-dgpe/ofpd-fiph/menu/home.shtml
[40] The EAPD Web site is http://www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/content/eapd.shtml

AHRDS, 79 human resource development agreements have been negotiated between HRDC and Aboriginal groups throughout Canada. These agreements recognize that Aboriginal people best understand their own needs and are best able to design and implement effective programs and services, including for Aboriginal persons with disabilities.[41] The 79 agreements administer a special disability component that receives $3 million each year from the OF.

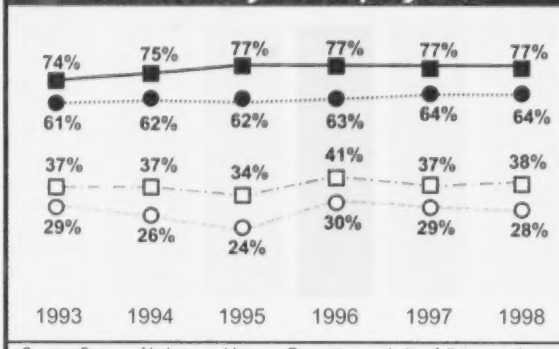
In addition to program expenditures, the Government offers several tax measures to reduce barriers to employment and to help Canadians with disabilities work at paid employment. The refundable medical expense supplement helps offset the loss of disability-related supports when Canadians with disabilities enter the workforce. The refundable supplement (maximum $535) is available to workers who earn over $2 676 per year.[42] The attendant care deduction recognizes the cost to those taxpayers eligible for the disability tax credit (DTC) who need attendant care to earn income or attend school. Similarly, the child care expenses deduction recognizes the cost of child care for parents who are working or going to school. For children who qualify for the DTC, the child care expenses deduction limit is $10 000.

In *Future Directions*, the Government of Canada made a commitment to encourage public and private sector partnerships that promote self-employment and entrepreneurial opportunities for persons with disabilities. In 2000, fora in Halifax and Winnipeg brought individuals and organizations together to share their knowledge and experience, with the aim of helping Canadians with disabilities become more successful entrepreneurs. Western Economic Diversification Canada, the Atlantic Canada Opportunities Agency, Canada Business Service Centres and Industry Canada's Strategis Web site have all supported Canadian entrepreneurs with disabilities.

Persons employed all year

Keeping a job is a clear measure of success in the labour market. Yet research shows that people with disabilities often have more difficulty maintaining stable employment than people without. The percentage of working-age adults with disabilities who enjoy full-year employment is less than half the rate for adults without disabilities. Figure 14 shows that this was the case for both men and women through most of the 1990s.

14. Percentage of population with full-time full-year employment



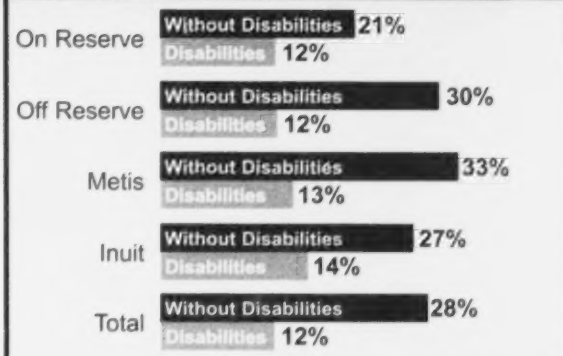
Source: Survey of Labour and Income Dynamics, excluding full-time students
□ Men: With Disabilities ○ Women: With Disabilities
■ Men: Without Disabilities ● Women: Without Disabilities

Figure 14 description – Full-time, full-year employment rates for men and women with disabilities remained relatively stable from 1993 to 1998. But the comparable rates for men and women without disabilities improved by two to three% over the same period. In 1998, 77% of men without disabilities had full-year employment, while only 38% of men with disabilities did. The corresponding rates for women were 64% and 28%.

41 More information is available through the Aboriginal Relations Office, http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm .
42 As of January 2000, these amounts are indexed to inflation

A comparison of the employment rates in Figure 14 with those in Figure 15 shows that Aboriginal persons with disabilities are less than half as likely to have full-time, full-year employment as non-Aboriginal persons with disabilities. Less than 20% of Aboriginal people with disabilities had full-time, full-year employment.

15. Aboriginal full-time full-year employment (1996)



Source: 1996 Census – excluding full time students
Aboriginal Population: age 15-64 Full time: 49-52 weeks)

Figure 15 description – First Nations persons with disabilities have the lowest levels of full employment of all Aboriginal groups, with only 12% having full-time jobs for 49 weeks or more. Inuit persons with disabilities had the highest rate of the Aboriginal groups, at 16%.[43] The full-time, full-year employment rates for Aboriginal persons without disabilities ranged from 21% for on-reserve First Nations people to 33% for Métis people.

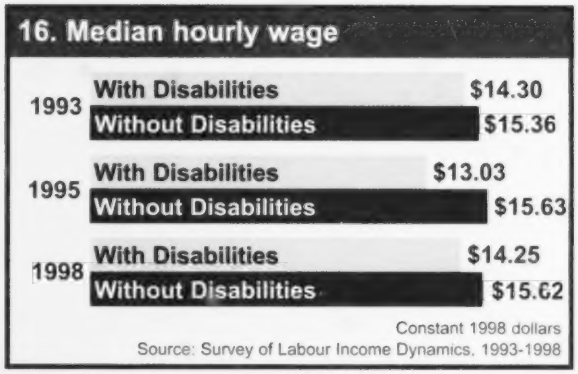
√ Government Action

The Canada Pension Plan's Disability Vocational Rehabilitation Program[44] is one way for eligible working-age people with disabilities who are receiving CPP disability benefits to get help returning to work. In the past, many people receiving disability benefits believed they were permanently out of the workforce, even if they did not want or need to be. Today, with new technology, medical treatments, functional rehabilitation, vocational rehabilitation, job placement participation, job accommodations and skills training, it is possible for people with disabilities—some of them severe—to join and remain in the workforce.

Hourly Wage

The Survey of Labour Income and Dynamics shows a large gap between the earnings of persons with disabilities and those without. In 1998 average earnings for men with disabilities were $13 700, while earnings for men without disabilities were $32 048. For women with disabilities, average annual earnings were $7 190, compared to $17 310 for women without disabilities.

16. Median hourly wage



Constant 1998 dollars
Source: Survey of Labour Income Dynamics, 1993-1998

Figure 16 description – Throughout the 1990s workers with disabilities had lower wages than workers without. Workers with disabilities lost ground in their wages in the mid-1990s and never fully recovered during the survey period. In fact, the wage gap increased slightly, with the hourly wage of workers with disabilities moving from $14.30—93.1% of the median wage of those without disabilities—in 1993 to $14.25—91.2% of the median wage of those without disabilities—in 1998. (Wages are in constant 1998 dollars.)

[43] While the data shown here are somewhat out of date, more recent evidence suggests that this pattern is still present.

[44] The program's Web site is http://www.hrdc-drhc.gc.ca/isp/cpp/vocational_e.shtml

A number of factors may contribute to this gap. People with disabilities may have difficulty getting or keeping work. Some may work more part-time hours or have fewer weeks of employment than those without disabilities. However, as shown in Figure 16, people with disabilities also work for lower wages.

No information is available on hourly wages for Aboriginal people. However, data on employment income from the 1996 census (see Figure 17) show that Aboriginal persons with employment income earn less than their non-Aboriginal counterparts.

17. Employment Income: Aboriginal as percentage of overall non-Aboriginal (1996)

Figure 17 description – On average, Aboriginal people without disabilities who had employment income earned only 66% of the earnings of non-Aboriginal workers. Aboriginal persons with disabilities who had employment income earned just 53% of the employment income of non-Aboriginal workers. Of the four Aboriginal groups, First Nations people living on reserves had the greatest earning disadvantage. Those without disabilities earned 52% of the employment income of non-Aboriginal workers, while those with disabilities earned only 46% of the earnings of non-Aboriginal workers.

The 1996 Royal Commission on Aboriginal Peoples identified a number of influences affecting how much income Aboriginal persons with disabilities can earn. Aboriginal persons with disabilities are far less likely to have jobs than Aboriginal persons without disabilities. They are also less likely to have jobs than non-Aboriginal people with diabilities. As well, in Aboriginal communities, many of the jobs are low-wage.[45]

√ Government Action

The Employment Equity Act was established to ensure that four groups—women, Aboriginal people, people with disabilities and visible minorities—have fair opportunities for employment and promotion and are treated with respect by employers under the Government of Canada's jurisdiction. The Act is reviewed by Parliament every five years. Over 400 major employers, including national banks, telecommunications companies and railways, as well as all federal departments and agencies, are covered under the Act. They must report each year on their efforts to include members of the four designated groups in their workforce. Workers in these organizations account for 10% of the Canadian workforce.

In 2001 the Minister of Labour presented findings to the House of Commons Standing Committee on Human Resources Development and the Status of Persons with Disabilities indicating that over the last decade, persons with disabilities have experienced little improvement in their workforce representation in the federally regulated private sector. Persons with disabilities made up 2.4% of this workforce in 1999 compared to 2.3% in 1989—well

[45] *People to People, Nation to Nation*, Final Report of the Royal Commission on Aboriginal Peoples, 1996, http://www.ainc-inac.gc.ca/ch/rcap/rpt/index_e.html

The Canadian Human Rights Commission handles complaints that allege discrimination by employers or service providers regulated by the Government of Canada. In 2001 the Commission's annual report noted that 37% of new complaints that year cited disability as a ground of discrimination.

below their labour-market availability of 6.5%.[46]

Since 1985, the representation of persons with disabilities has increased in both the federally regulated private sector and the federal public service and is higher among workers in the public sector. In March 1999, persons with disabilities made up 4.6% of the federal public service, a figure that increased to 5.1% in March 2002. Persons with disabilities may benefit from both the physical accommodation that the Government of Canada provides as an employer and the requirements for physical access to government buildings to accommodate the public.

The House of Commons Standing Committee on Human Resources Development and the Status of Persons with Disabilities completed a review of the *Employment Equity Act* early in 2002. The Committee tabled its report, which contained a series of recommendations,in June. The report emphasized the need to improve outcomes for persons with disabilities and Aboriginal people in the federally regulated private sector, and for visible minorities in the federal public service.

The Government's response to the Standing Committee's report was tabled in Parliament in November 2002. The Government has begun developing workplace integration strategies that will support the hiring of persons with disabilities and Aboriginal people, and that will improve representation and job retention for these groups in the private and public sectors covered by the Act. These strategies will be developed in collaboration with employers, academics, employer organizations and the disability community.

Along with the *Employment Equity Act*, the *Canadian Human Rights Act* protects against employment discrimination by federally regulated employers and service providers.[47] To help both acts achieve their objectives, the Canadian Human Rights Commission educates employers and employee groups about the duty to accommodate and advises them on particular accommodation issues.

The Canadian Human Rights Commission's mandate includes auditing employers for compliance with statutory requirements and taking action in cases of non-compliance. To be in compliance, an employer must have in place an employment equity plan based on supporting analyses, which if implemented will result in reasonable progress toward full representation of persons with disabilities within the employer's workforce.

Employers providing facilities, equipment or aids to accommodate persons with disabilities

Sometimes people with disabilities require adaptations at their workplace so that they can continue or return to their job. Some may require flexible hours; others may need adapted workstations. Workers with disabilities may

[46] The *Employment Equity Act* Review, A Report to the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. December 2001http://info.load-otea.hrdc-drhc.gc.ca/workplace_equity/review/report/

[47] The *Canadian Human Rights Act* lists 11 prohibited grounds of discrimination, including disability, sex, race and colour. In addition to protecting against employment discrimination, the Act also protects against discrimination in service delivery by organizations within federal jurisdiction.

also need adapted equipment, additional training and assistance with career planning. Sometimes employers or supervisors need training to understand how to accommodate workers with disabilities. Workplaces that offer a range of accommodations enable workers with disabilities to participate fully.

In 1999 the national Workplace and Employee Survey found that at least 13% of private sector employers had employees with disabilities. These employees were asked if their employer had any unique recruitment or career programs for employees with disabilities and if their employer supplied them with altered equipment or facilities. Only 10% of the employers did one or the other.[48]

There are no national data on employers who offer accommodations to assist Aboriginal persons with disabilities in the workplace. However, in the 1991 Aboriginal Peoples Survey, 3.5% of Aboriginal workers with disabilities said they required some form of adapted aids, equipment or services in order to work.

√ Government Action

A major employer, the Government of Canada has also promised to become a model employer of persons with disabilities and has pledged to promote best practices within the federal public service. To this end, the Government is playing a leadership role by implementing a variety of initiatives to ensure that, as an employer, it sets a high standard of accessibility.

The Treasury Board Secretariat (TBS), in cooperation with the Public Service Commission (PSC), has revised its "Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service." The objectives of the new policy, to be implemented by individual departments and agencies, are to promote barrier-free recruitment and selection, to eliminate access barriers facing potential recruits and existing employees within the PSC, and to ensure that the needs of persons with disabilities are considered when designing programs, technological applications and physical environments. The TBS and the PSC provide departments with advice, guidance and information sessions to help them implement this policy.

The PSC's Personnel Psychology Centre has updated its guidelines for the assessment of persons with disabilities and will be delivering workshops to make government employees more knowledgeable about the guidelines. In addition, HRDC and the Canada Customs and Revenue Agency have developed a workshop to train public servants on the duty to accommodate employees with disabilities.

The Employment Equity Positive Measures Program (EEPMP), operated by the TBS from October 1998 to March 2002, provided departments with resources to address employment equity issues and resulted in a number of disability-related initiatives. Departments are now encouraged to continue the initiatives previously assisted by the EEPMP. The TBS administers a Web-based tool to supply information and examples of best practices.[49]

The TBS, the PSC and the Office for Disability Issues (HRDC) have together created resources to help managers and staff accommodate employees and job applicants who have disabilities. For example, the *Guide to Planning Inclusive Meetings and Conferences* provides practical tips to ensure that workers with disabilities can participate fully.

[48] There are a number of limitations to interpretation of this survey. Further information is available in the technical report, at http://www.hrdc-drhc.gc.ca/bcph-odi

[49] Examples of successful or innovative initiatives funded under EEPMP are available at http://www.tbs-sct.gc.ca/ee/positive/positive_e.html

Industry Canada has developed the *Accessible Procurement Toolkit*, which helps government managers and others use the proper terminology in the Government's purchasing documents to ensure that purchased items are accessible to employees with disabilities. As well, a number of departments, through their Adaptive Computer Technology Centres, are making disability supports available to managers and employees.

In June 2002 the Government of Canada sponsored an interdepartmental forum of public service employees with disabilities. The follow-up actions that result from this forum will help the Government in its efforts to become a model employer of persons with disabilities.

PRINCIPAL SKILLS DEVELOPMENT, LEARNING AND EMPLOYMENT PROGRAMS AND INITIATIVES

Canadian Human Rights Commission
- Information for employers to assist in accommodation of persons with disabilities

Canadian International Development Agency
- Adaptive Computer Technology Centre

Department of Finance and Canada Customs and Revenue Agency
- Attendant care deduction
- Child care expenses deduction for children with a severe and prolonged impairment
- Refundable medical expense supplement

Department of National Defence and Royal Canadian Mounted Police
- Canadian Forces / RCMP Disability Priority Program

Environment Canada
- Adaptive Computer Technology Centre
- Train the Technicians courses

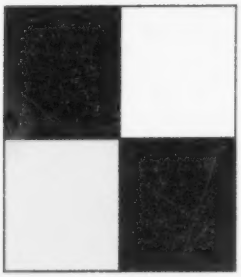
Human Resources Development Canada
- Aboriginal Human Resources Development Strategy
- Adaptive Computer Technology Centre
- Canada Pension Plan Disability Vocational Rehabilitation Program
- Canada Student Loans Program—provisions for students with disabilities
- Canada Study Grants
- Opportunities Fund for Persons with Disabilities
- Employability Assistance for People with Disabilities
- Federal Contractors Program
- Legislated Employment Equity Program
- Opportunities Fund for Persons with Disabilities

Indian and Northern Affairs Canada
- Elementary/Secondary Education Program (includes resources for special education)

Public Service Commission of Canada
- Advice, guidance and training to assist in implementation of "Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service," focusing on barrier-free recruitment and selection processes (including assessment of candidates for employment)

Treasury Board Secretariat
- Advice, guidance and information sessions to assist in implementation of "Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service"
- Employment Equity Division (Job Accommodation Network)
- Web-based tool on positive employment equity practices

Western Economic Diversification Canada
- Entrepreneurs with Disabilities Program
- Urban Entrepreneurs with Disabilities Program



Income

THREE INDICATORS OF PROGRESS
Household income
Persons living in low-income households
Major source of personal income

This section looks at three indicators that measure progress in ensuring that persons with disabilities have adequate incomes, whether earned through employment alone or supplemented by government income programs. The section also describes the Government of Canada's commitments and actions in this area, including highlights of specific programs and initiatives.

To participate fully in society, people need an adequate income—that is, enough money to meet basic needs for housing, food, clothing, health, transportation and other essentials. The ability to earn an adequate income can be influenced by a number of factors, among them health, access to education and training, employment opportunities in the community and transportation. For persons with disabilities, the added costs of disability can reduce the amount of income available for other needs. Low household income can affect long-term financial security, including retirement income.

Some individuals with disabilities may be unable to support themselves sufficiently or at all, and live in poverty. Governments have acknowledged the need for an income safety-net that recognizes individual work efforts as much as possible and that provides financial help if self-support is impossible or insufficient to meet basic needs.

For people with disabilities in rural and remote areas, and especially for many Aboriginal people, the lack of opportunity to earn enough income is a major and ongoing issue.

Household income

Working-age adults with disabilities who cannot work, or who work limited hours because of their condition, may have their income supplemented by private or public income support plans. Low-income families, which can be doubly disadvantaged by the extra costs related to disability, may be assisted through income support measures.

One way to measure the income of adults with disabilities is to compare their household income to that of persons without disabilities. To make a fair comparison of household income, it is customary to adjust actual income according to household size. This adjustment takes into account, for example, that it is normally not twice as expensive for two people to live together since expenses such as rent and utilities don't double. Research shows that on average, adults with disabilities live in slightly smaller households than others. The household income comparison in this report accounts for this difference.

The Survey of Labour and Income Dynamics shows that in Canada there is an income gap between households of people with disabilities and households of people without. Between 1993 and 1998, the adjusted household income of working-age persons with disabilities was about 74% of the household income of those

without disabilities.[50] The adjusted household income of seniors with disabilities was 86% of the household income of seniors without disabilities. Many seniors with disabilities are eligible for the same government programs and pensions as seniors without, producing more similar income levels.

The percentages above are based on household income before taxes. Figure 18 compares household incomes after taxes. The smaller gap between after-tax incomes is due to Canada's progressive income tax rate structure and the tax credits available to persons with disabilities.

18. Percent of after-tax household income of persons with disabilities versus those without disabilities

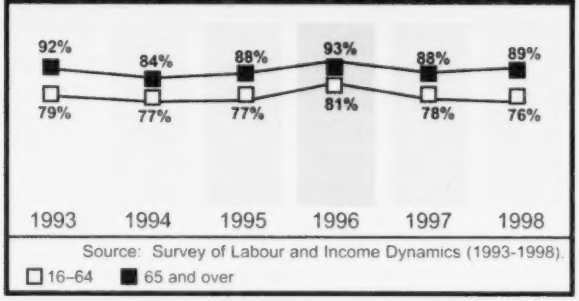


Figure 18 description – A comparison of adjusted household income after taxes (1993–1998) shows that working-age persons with disabilities average 78% of the household income of persons without disabilities. Seniors with disabilities average 89%. These percentages varied only slightly over the survey period.

The household income of Aboriginal persons with disabilities is well below that of other Aboriginal people and non-Aboriginal people. Analysis of the 1996 census data in Figure 19 shows that the households of First Nations and Métis people with disabilities

19. Household Income: As percentage of overall non-Aboriginal (1996)

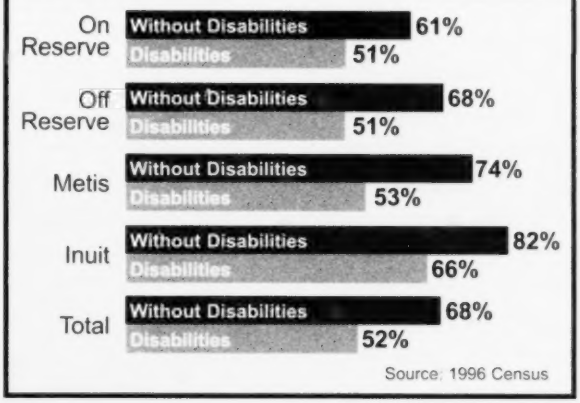


Figure 19 description – The household income of Aboriginal persons with disabilities is about half the income of the average non-Aboriginal household, while the household income of Aboriginal persons without disabilities is just over two thirds of the income of non-Aboriginal households. The household income of First Nations people with disabilities both on and off reserve, as well as that of Métis people with disabilities, is half the household income of non-Aboriginal people. The household income of Inuit persons with disabilities is about two thirds of the income of non-Aboriginal households.

take in about half the income of non-Aboriginal households in Canada, and about three quarters of the household income of Aboriginal people without disabilities.

The Organisation for Economic Co-operation and Development (OECD) has compared household income for those with and without disabilities as a measure of economic inclusion.[51] In the OECD analysis, Canada's performance is similar to that of the European Union but better than that of the United Kingdom and the United States.

[50] These data are from the Survey of Labour and Income Dynamics (1993–1998), special tabulation by Human Resources Development Canada. The relative income of households with children with and without disabilities is not measured in this survey.

[51] *Able to Work? How Policies Help Disabled People in 20 OECD Countries*, Organisation for Economic Co-operation and Development, 2002. The source of Canadian data in the OECD study is the National Population Health Survey (1998–1999) conducted by Statistics Canada.

√ Government Action

In Canada, income security and social assistance for persons with disabilities is mainly the responsibility of the provincial and territorial governments. The Government of Canada supports their programs through the National Child Benefit, discussed on page 48, and also through the Canada Health and Social Transfer. On-reserve social assistance programs funded by the Government of Canada mirror those of the provinces and territories.

The Canada Pension Plan (CPP) is under the joint stewardship of federal and provincial governments. The Government of Canada administers the CPP disability program, an income security program for Canadians with disabilities. Eligible contributors with severe disabilities who can no longer work regularly can receive replacement earnings based on the level and duration of their CPP contributions. In 2001–2002 some 280 000 contributors whose disabilities prevented them from working received a monthly income through this program. In addition, about 93 000 dependent children of CPP disability recipients received monthly benefits. Total payments under CPP disability were just over $2.8 billion in 2001–2002.

Similar benefits are provided under the Quebec Pension Plan (QPP) ($487 million in 2000–2001). In 1998 CPP/QPP payments represented over 60% of the income of beneficiaries. This clearly shows the important contribution made by the CPP/QPP disability program.

In *Future Directions*, the Government of Canada promised to continue improving the administration of CPP disability, including improving and increasing communication with clients. For example, applicants who apply for disability benefits now get a follow-up telephone call. Applicants who are ineligible also get a telephone call to explain the decision. When appropriate, information is given about other income support programs and services.

In 2001, in response to *A Common Vision*, the fourth report of the House of Commons Standing Committee on Human Resources Development and the Status of Persons with Disabilities, HRDC created a CPP disability round table to gain clients' perspectives on service delivery. The round-table has met twice and has provided valuable insight into improving program delivery.

Persons living in low-income households

Research by the Government and other organizations has shown that people and families with low incomes may be unable to participate fully in society. People with both low incomes and disabilities face even greater barriers to taking part in the social, economic and community activities most Canadians take for granted.

One of the most widely used measures of low income in Canada is Statistics Canada's low-income cutoff (LICO). There are other measures of low income, and in recent years there has been debate about which is the best.[52] Nevertheless, the LICO is the principal low-income measure used in this report.

The LICO is the threshold below which a family is likely to spend 20% more of its income on food, shelter and clothing than the average family. The LICO can be reported based on before-tax or after-tax income. Since after-tax income better shows how

[52] Statistics Canada has stated that the LICO is not a "poverty line," but that persons with incomes below the LICO are likely to experience restricted financial circumstances. See *The National Child Benefit Progress Report: 2001* for more low-income measures: http://www.nationalchildbenefit.ca

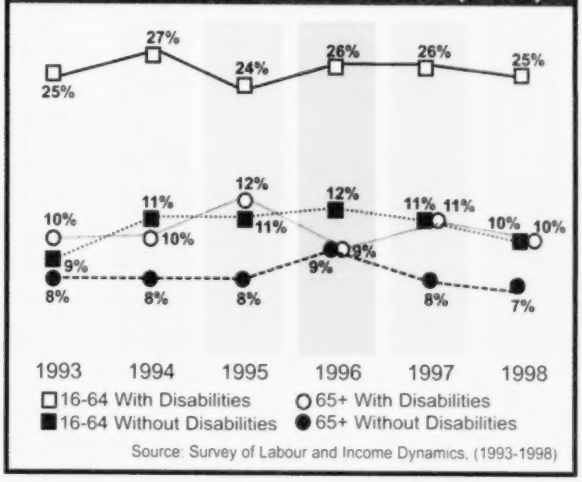
much money is actually available to people and families to meet their needs, after-tax income is the primary focus of this report.

Some 25% of people living in low-income households are people with disabilities. As shown in Figure 20, through most of the 1990s working-age adults with disabilities were more than twice as likely to live in low-income households (below the LICO) as those without disabilities. Seniors with disabilities were also more likely to live in low-income households than were seniors without disabilities.

No data sources show after-tax LICO information for children with disabilities. However, using before-tax income, the National Longitudinal Survey of Children and Youth found that children with disabilities are slightly more likely to live in families with income below the before-tax LICO. According to the 1998–1999 survey, the rate of low income among families of children aged four to 11 with disabilities was 22%, compared to 18% among families of children without disabilities. It is likely that these before-tax low-income rates are higher than they would be on an after-tax basis.[53]

Besides knowing how many people live with low income, it is important to know how low their income actually is. This is called the depth of low-income. "Depth" means how far below the low-income cutoff a family's income falls. Depth is often expressed as a percentage of the LICO. For example, if the LICO is $30 000 and a family's income is $22 000, the depth of the family's low income would be $8 000, or 27% of $30 000. Figure 21 shows the depth of low income between 1993 and 1998 for adults with and without disabilities.

20. After-tax household incomes below Low Income Cut Off (LICO)



Source: Survey of Labour and Income Dynamics, (1993-1998)

Figure 20 description – From 1993 to 1998, an average of 25% of working-age adults with disabilities were living in low-income households (below the LICO), compared to an average of 10% of those without disabilities. The rate of low income among seniors with disabilities averaged 10%, compared to eight% for seniors without disabilities.

Among low-income households, those of persons with disabilities are slightly closer to the LICO than those of persons without disabilities. But this small relative advantage is likely to be absorbed by the extra disability-related expenses faced by persons with disabilities. Overall, the depth of low income worsened slightly for working-age adults with and without disabilities between 1993 and 1998, while remaining stable for seniors.

Finally, in addition to frequency and depth of low income, it is useful to examine how long people continue with low incomes. Research has shown that staying in the low-income bracket for a number of years makes it harder to escape the situation. An analysis of the Survey of Labour and Income

[53] For example, *The National Child Benefit Progress Report: 2001* shows that overall rates of low income for children are about three to four percent lower on an after-tax basis.

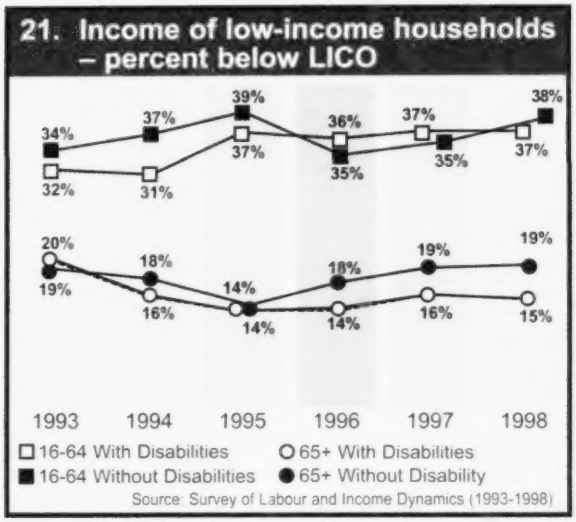


Figure 21 description – The depth of low income for working-age adults with disabilities averaged 35% between 1993 and 1998, compared to 37% for those without disabilities. The depth of low income for seniors with disabilities was about 16%, compared to 18% for seniors without disabilities.

Dynamics from 1993 to 1996 found that adults with disabilities were over four times more likely to experience four successive years of low income than were persons without disabilities.[54] Nearly 17% of adults with disabilities experienced low income for all four years, compared to under 4% of adults without disabilities.

√ Government Action

In keeping with its commitment to help children get the best possible start in life, the Government of Canada provides direct financial assistance to eligible families with children through the Canada Child Tax Benefit (CCTB).

The CCTB is a key element of federal assistance to families. It is an income-tested benefit that has two components: the CCTB base benefit, for low- and middle-income families; and the National Child Benefit (NCB) supplement, which gives low-income families additional benefits on top of the CCTB base benefit. The NCB supplement is the federal component of the National Child Benefit Initiative, a joint federal-provincial-territorial initiative established in 1998. The initiative has three main objectives: to combat child poverty, to promote workforce attachment and to harmonize program objectives and benefits across governments.

As of July 2002, combining the base benefit and the NCB supplement, the maximum benefit for a first child was $2 444. This amount will rise to more than $2 500 by 2004. Under the CCTB base benefit, low-income Canadian families received $2.8 billion in 2000–2001, an amount projected to increase to $3.2 billion in 2002–2003. Under the NCB supplement, low-income families received an additional $1.9 billion in 2000–2001, projected to increase to $2.6 billion in 2002–2003.

According to the *National Child Benefit Progress Report: 2001*, in 1999, as a direct result of the National Child Benefit, an estimated 1.2 million families with 2.1 million children benefited from an increased income. Low-income families saw an average increase of $775, and the number of low-income families with children was reduced by 2.4% or 16 500 families with 33 800 children. In the 2002 Speech from the Throne, the Government of Canada promised to again enhance significantly the national child benefit for poor families and to implement measures that target low-income families caring for children with severe disabilities.

Most provinces and territories have allowed these increased federal payments to replace part of their social assistance

[54] René Morisette and Marie Drolet, "To What Extent Are Canadians Exposed to Low Income?" (Ottawa: Statistics Canada, 2000). Available as a free publication from Statistics Canada: http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=11F0019MIE

"Being a parent, in the generic sense, is a natural aspect of our humanity. We tend to love our children with fierce intensity. We fight for their well-being. Those instincts are no different if our child has a disability. What's different is that the fight just never ends."

Audrey Cole, testimony to Parliamentary Subcommittee on the Status of Persons with Disabilities, November 2001

payments to families with children. In turn, they have reinvested the savings in programs and services that assist low-income families with children, including children with disabilities. Some jurisdictions have made additional investments in programs that meet the goals of the National Child Benefit Initiative. Total NCB reinvestments and initiatives by provinces and territories in 2001–2002 were estimated at $735 million.

About six hundred First Nations participate in the National Child Benefit Initiative. First Nations determine their own local priorities in line with the NCB's overall goals. In 2001–2002, NCB reinvestments by First Nations totalled about $59.5 million. First Nations and the Government of Canada are working together to evaluate the success of these reinvestments.

Veterans are another important group of Canadians who may live with disabilities. Veterans Affairs Canada (VAC) awards pension benefits to qualified individuals for death or disability that arose from, was directly connected with or was aggravated by military service. The disability pension is compensation that recognizes the loss of life or, in the case of disability, acknowledges the veteran's inability to normally perform the activities of daily life.

As of August 2002, the VAC Disability Pension Program covered some 95 000 veterans and 63 000 survivors, for a total of 158 000 clients (excluding dependent children).

VAC's forecast spending for 2001–2002 is over $1.3 billion. This amount includes additional pension for dependants, survivors pension, prisoner of war pension, exceptional incapacity allowance, attendance allowance and clothing allowance. In 2001 VAC published a five-year strategic plan for 2001–2006. Over this period, VAC will concentrate on improving services to its current clients and on adapting its programs to meet changing needs.

Major source of personal income

For many adult Canadians, paid employment is a way of measuring their inclusion in society. However, Figure 22 shows that working-age adults with disabilities are only half as likely as others in their age group to have work-related earnings as their major source of income.

Not shown in Figure 22 is that women with disabilities are three times more likely than women without disabilities to rely on government programs for their main source of income. They are also more likely than men with disabilities to rely on government programs. Across the period, men with disabilities were five times more likely than men without to have government programs as their major source of income.

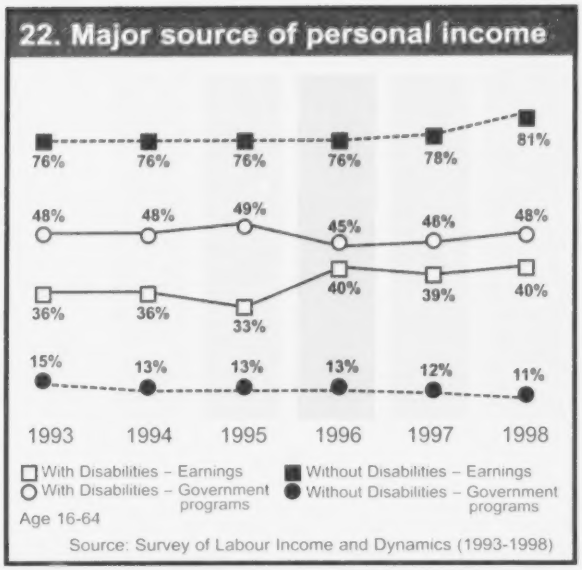


Figure 22 description – In 1998, 81% of working-age adults (aged 16–64) without disabilities had employment or self-employment earnings as their major source of income. This compares to 40% of working-age adults with disabilities. For persons with and without disabilities, reliance on earnings as the major source of income increased between 1993 and 1998 by about four%. In 1998, 48% of adults with disabilities had government programs as their primary source of income, compared to 11% of adults without disabilities.

√ Government Action

The Federal Workers' Compensation Service makes sure that federal workers and other eligible individuals do not suffer undue financial hardship when they cannot work because of a workplace injury. If such an injury results in death, the worker's dependants are also protected from undue financial hardship.

The Federal Workers' Compensation Service provides compensation benefits and services to Government of Canada employees, merchant seamen, federal penitentiary inmates and their dependants for work-related injuries and occupational diseases. The service, which works through provincial workers compensation programs, compensates recipients for loss of earnings, medical care and other expenses. Among the benefits are rehabilitation services to help eligible workers return to work and resume earning an income.

About 300 000 employees of the federal government and Crown agencies are covered by the Federal Workers' Compensation Service. Roughly 19 000 new claims are filed annually, most of them of short duration (under a month), and an average of 13 000 claims are active at any given time. Benefits paid to and on behalf of injured employees totalled $97 million in 2001–2002. These benefits consisted of income replacement, reimbursement of medical and rehabilitation expenses as well as pensions where applicable. The administrative fees paid to the provinces for their services total about $20 million a year.

PRINCIPAL INCOME PROGRAMS AND INITIATIVES

Canadian Forces
- Service Income Security Insurance Plan (SISIP)

Human Resources Development Canada
- Canada Pension Plan disability benefit
- Federal Workers' Compensation Service

Veterans Affairs Canada
- Attendance Allowance
- Disability Pension Program
- War Veterans Allowance Program

Injury Prevention and Health Promotion

This section looks at five indicators that measure progress in reducing injuries and preventable diseases and conditions, as well as progress in promoting well-being. The section also describes the Government of Canada's commitments and actions in these areas, including highlights of specific programs and services.

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[55] Health and well-being are important not only for people's own quality of life but for that of their children, family and community.

People with disabilities can take many positive measures to promote their physical and mental well-being. Preventing injuries, diseases and conditions that can lead to disabilities is an important goal. For people with disabilities, this may mean taking action to prevent further injuries or to keep conditions from worsening.

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Preamble to the Constitution of the World Health Organization (1946)

FIVE INDICATORS OF PROGRESS
Disability-free life expectancy
Injury-related hospital admission rate
Occurrence of major diseases and conditions that may cause disability
Physical activity
Opportunity for athletes with disabilities

DISABILITY-FREE LIFE EXPECTANCY

Life expectancy in Canada is among the highest in the world and has been for many years. Canadian life expectancy has increased steadily over the past several decades, along with that of other developed countries. However, greater life expectancy may increase the number of years a person lives with disability. Medical improvements that enable people to live longer with disabling conditions may do the same.

Disability-free life expectancy (DFLE) is an estimate of the number of years a person can expect to live without a serious activity limitation.[56] Some people with disabilities have expressed concern that focusing on disability-free life devalues persons who already have disabilities. They contend that emphasizing prevention reflects society's discomfort with disabilities. But from another perspective, the DFLE is useful both to measure efforts to prevent increasing levels of impairment and to help plan the resources and services that people with disabilities need to live full, active lives.

[55] "About WHO." World Health Organization Web site. 2002. http://www.who.int/m/topicgroups/who_organization/en/index.html

[56] "The Health of Canada's Communities." *The Daily* (Statistics Canada). 4 July 2002. http://www.statcan.ca/Daily/English/020704/d020704b.htm

Assisted human reproduction (AHR) and related research are complex and important issues. Canadians have made it clear that they want to benefit from safe AHR procedures and important medical discoveries, but not at any cost. Some Canadians with disabilities have expressed particular concerns on this subject.

The Government of Canada has proposed AHR legislation that clarifies what Canadians find acceptable. The proposed legislation contains a parliamentary declaration setting out principles that not only govern the legislation itself, but also apply to all regulations flowing from it and to the independent regulatory agency it sets up. Among these principles, it is clearly stated that human individuality and diversity must be preserved, and that human dignity and rights must be protected and promoted.

Figure 23 shows disability-free life expectancy for Canadians in 1996. Other analyses of the 1996 census data have found that disability-free life expectancy for Aboriginal people is lower than for the Canadian population overall.[57]

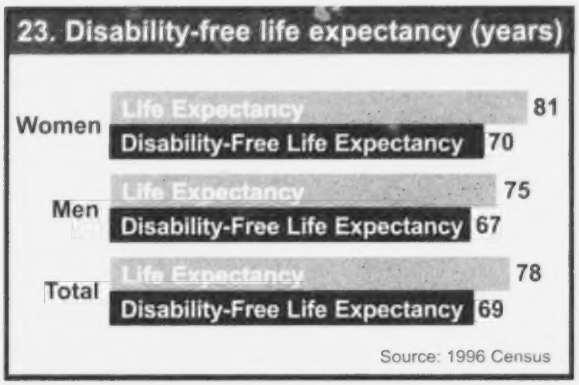


Figure 23 description – In 1996 the average disability-free life expectancy for a newborn Canadian was 69 years. For men it was 67 years and for women it was 70 years. Comparing DFLE to overall life expectancy at birth shows that men could expect to spend 11% of their life with a disability, and women nearly 14%.[58]

√ Government Action

Statistics Canada, in partnership with the Canadian Institute for Health Information, continues to collect and analyze information that will enable Canadians and policy-makers to understand the risk factors associated with incurring a disability. Government health promotion programs, as well as injury and disease prevention programs, are designed to help Canadians use this information wisely as they make choices that may affect their physical and mental health.

Injury-related hospital admission rate

In some cases, injuries can lead to long-term impairments and disabilities. In the 1998 National Population Health Survey, one in four persons with a disability said that the disability was due to an injury.

As shown in Figure 24, the total number of hospital admissions for serious injuries has been declining steadily. In 1995–1996 there were 74 injury-related hospital admissions for every 10 000 Canadians, a figure that declined to 62 per 10 000 in 1999–2000.

Falls and motor vehicle collisions were the leading causes of injury-related admissions in Canada throughout this period. In 1999–2000, falls accounted for 54% of

[57] Norbert Robitaille and Ali Kouaouci, "Disability-Free Life Expectancy of Status Indians 1986–1996" (unpublished paper, University of Montreal, 2002).

[58] *Health Indicators*, Statistics Canada http://www.statcan.ca:80/english/freepub/82-221-XIE/00502/tables.htm DFLE in Figure 23 is based on a positive response to the census question "Is this person limited in the kind or amount of activity he/she can do because of a long-term physical condition, mental condition or health problem at home, at school or work, in other activities . . . ?"

hospital admissions due to injury, and motor vehicle collisions accounted for 15%.

Falls represent a significant risk to public health and can lead to long-term disabilities, especially for seniors. Falls make up 85% of injury-related hospital admissions for seniors, and the majority of them are preventable.[59]

Canadian workers are also at high risk for injury and potential disability. On average in Canada, one worker is injured every nine seconds worked and every workday three workers die as a result of accidents on the job.[60]

The rate of injury for Aboriginal people in Canada is higher than for the rest of the population. Aboriginal people experience three times the injury death rate of Canadians at large, and a high proportion of disabilities among Aboriginal people are attributable to injuries. Among the Aboriginal population, the most common causes of death from injury are motor vehicle crashes, suicide and accidental drug overdose.[61]

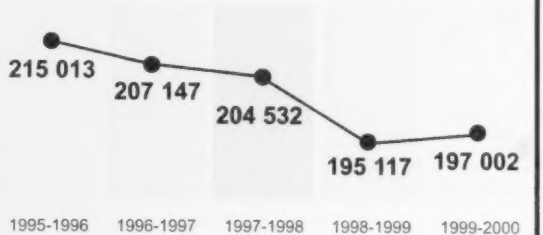
√ Government Action

In *Future Directions*, the Government said it would expand prevention activities to reduce the number of injuries in all age groups. It was suggested that this be done in consultation with the provinces and territories and non-governmental organizations, including injury groups.

Canadians want safe, healthy workplaces and expect the Government to work with partners to achieve this goal. In September 2002, to help reduce the number and severity of injuries in federally regulated workplaces, the Government amended Part II of the *Canada Labour Code* to give workplace partners a stronger role in identifying and resolving health and safety concerns. The amendments clarify the right to know about hazards in the workplace and how to deal with them, to participate in health and safety matters and to refuse dangerous work.[62]

The *Canada Labour Code* covers federally regulated industries, about 10% of the Canadian workforce. But the Government of Canada is working to improve health and safety in other

24. Injury-related hospital admissions



Source: CIHI National Trauma Registry, 2002

Figure 24 description – As reported by the Canadian Institute for Health Information (National Trauma Registry), the number of injury-related hospital admissions in Canada fell from 215 013 in 1995–1996 to 197 002 in 1999–2000. The final figure is a slight increase from 195 117 in 1998–1999.

> Injuries are the leading cause of death for children and youth after age one and the second leading cause of hospitalization.
>
> Healthy Development of Children and Youth (1999)

[59] "Falls Leading Cause of Injury Admissions to Canada's Acute Care Hospitals, Reports CIHI," news release, Canadian Institute on Health Information, 27 February 2002, http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_27feb2002_e

[60] *North American Occupational Health and Safety Week 2000: Work Safely for a Healthy Future*, HRDC, Labour Branch, http://info.load-otea.hrdc-drhc.gc.ca/~oshweb/naoshstats/naoshw2000.pdf

[61] *A Research Agenda for Injury Prevention and Control*, Canadian Injury Research Network (CIRNet), March 2002, p. 54.

[62] See HRDC's Occupational Health and Safety Web site for more information on the *Canada Labour Code*: http://info.load-otea.hrdc-drhc.gc.ca/~oshweb/overen.shtml

workplaces as well. The Occupational Health and Safety Branch of HRDC collaborates with provincial and federal workers compensation systems and with others to reduce work-related injury and disease. To assist employers, the Canadian Centre for Occupational Health and Safety maintains a free information service for employers in a range of sectors.[63]

Agriculture and Agri-food Canada funds the Canadian Agriculture Safety Program, which strives to reduce the number of agriculture-related deaths and injuries through prevention.[64] With funding of $4 million for four years, the program supports awareness, monitoring, prevention, information exchange, data gathering and analysis, and development and promotion of agriculture safety standards. The program is administered by the Canadian Agricultural Safety Association.

Young people account for one third of all injuries resulting in lost time in Canadian workplaces. Some of these injuries lead to long-term disabilities. The Government of Canada worked with youth, industry and the labour movement to sponsor the first national conference on youth health and safety in the workplace in October 2000. The conference focused on identifying the problems young people experience in the early years of their working careers.

After this conference, the Canadian Association of Administrators of Labour Legislation (CAALL) was asked to consider how federal, provincial and territorial governments could address the recommendations that arose from the session. Two initiatives were proposed. The first was to establish the Cross-Canada Youth Advisory Committee. The committee, which held its first meeting in May 2002, is composed of young people from 18 to 28 who represent youth-serving organizations and youth health and safety committees. The committee has a two-year mandate to focus on public awareness and community outreach. The second proposed initiative was to develop a young workers' Web site that could link users to health and safety information.

In July 2000 the Health Canada / Veterans Affairs Canada Falls Prevention Initiative was established as a community-based health promotion strategy to identify ways of preventing falls among seniors and veterans. Veterans Affairs Canada has committed $10 million over four years to pilot projects at the national level and in three regions: Atlantic Canada, Ontario and British Columbia.

Family violence seldom leads to hospital admissions and frequently goes unreported, but it is a serious source of physical injury as well as psychological and emotional harm. People with disabilities experience a much higher rate of family violence than those without disabilities, including physical, emotional and sexual abuse. Women with disabilities are particularly vulnerable to threats to their physical safety, and to psychological and verbal abuse and neglect.[65] Men with disabilities are twice as likely as men without to be sexually abused in their lifetime.[66]

The National Clearinghouse on Family Violence (NCFV), operated by Health Canada, is a national resource centre that distributes publications and videos about family violence, including against persons with disabilities. Through its activities, the NCFV raises awareness, promotes understanding and helps workers in

63 The Centre's Web site is http://www.ccohs.ca

64 The program's Web site is http://www.agr.gc.ca/progser/casp_e.phtml

65 *Family Violence against Women with Disabilities: Information from The National Clearinghouse on Family Violence*.http://www.hc-sc.gc.ca/hppb/familyviolence/pdfs/fvawd.pdf . Also see the Disabled Women's Network for information about violence against women with disabilities.http://www.dawncanada.net

66 Roeher Institute, *Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities in Canada* (Toronto: The Institute, 1995).

relevant sectors recognize how to prevent and reduce family abuse. Status of Women Canada also funds a number of projects and research initiatives concerning violence against women, including women with disabilities given the obstacles they face regarding their physical safety.

Occurrence of major diseases and conditions that may cause disability

There are a number of preventable diseases and conditions that can cause long-term disabilities. These disabilities, when developed at a young age, can be serious and lifelong. Type 2 diabetes, fetal alcohol syndrome / fetal alcohol effects (FAS/FAE) and human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS) are all preventable health conditions. Governments and health care experts recognize the importance of continued public education and health care efforts to prevent and treat these and other debilitating diseases and conditions.

DIABETES

The National Diabetes Surveillance System reports that there are over one million confirmed cases of diabetes in Canada. In addition, up to one third of those with diabetes are unaware of their condition. Diabetes is a serious disease that can lead to life-threatening complications.

Diabetes interferes with the body's ability to produce or properly use insulin, a hormone that is essential for the proper use of the energy contained in the food we eat. Over time, diabetes can lead to life-threatening and debilitating complications, which include high blood pressure, heart disease, loss of sight, nervous system disorders, and limb amputations.

> The World Health Organization (WHO) estimates that four to five% of health budgets are spent on diabetes-related illnesses. . . A person with diabetes incurs medical costs that are two to five times higher than those of a person without diabetes. This is due to more frequent medical visits, purchase of supplies and medication, and the higher likelihood of being admitted to a nursing home.
>
> Canadian Diabetes Association
> http://www.diabetes.ca/Section_About/prevalence.asp

There are three types of diabetes: Type 1, gestational diabetes and Type 2. Type 1 diabetes occurs in 10% of all cases and requires lifetime management with insulin. Almost one in 20 pregnant women have gestational diabetes. In this case, a pregnant woman can usually manage her diabetes through diet and exercise. Once the baby is born, her blood glucose usually returns to normal.

Type 2 diabetes, which represents 90% of cases, is on the rise, despite the fact that it is preventable through healthy lifestyle choices. Typically, Type 2 diabetes is diagnosed in mid-life, but early cases have also been reported. According to the World Health Organization, Type 2 diabetes has reached epidemic proportions. Therefore, primary prevention programs are essential to prevent the disease. Both prevention and treatment measures following the onset of diabetes are essential to prevent or delay the occurrence of serious debilitating complications. Figure 25 shows the rapid increase of diabetes in Canada as reported by the Canadian Community Health Survey. The figure shows the number of people who state that they have diabetes, and thus does not include an estimate of undiagnosed cases.

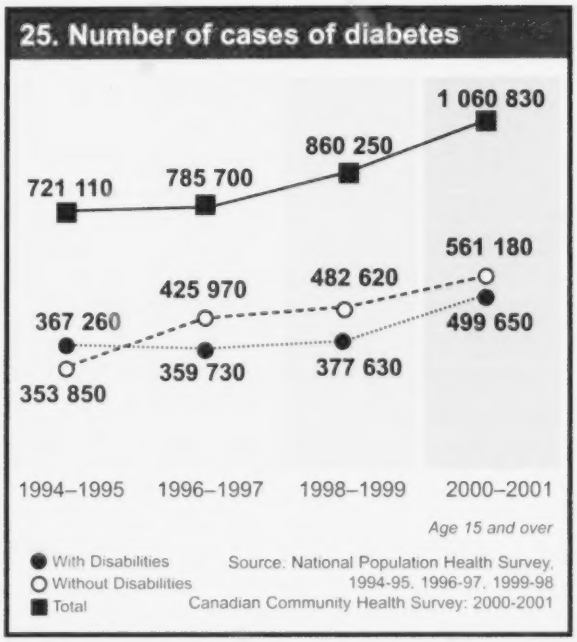


Figure 25 description – There are now over one million Canadians aged 15 and over who indicate that they have been diagnosed with diabetes. This is up from 700 000 in 1994–1995. The number of cases has risen among people with and without disabilities. In 2000–2001 there were about 500 000 cases among persons with disabilities and 561 000 cases among persons without.

Diabetes has been increasing rapidly in Canada, particularly among Aboriginal people. Diabetes among First Nations people is more than three times the national average. Among Métis and Inuit people as well, diabetes occurs more frequently than in the non-Aboriginal population. Virtually all diabetes among Aboriginal people is Type 2.[67]

According to Health Canada, the estimated lifetime cost of the extra health care, education and social services associated with caring for an individual with FAS is $2.1 million.

FAS/FAE

Fetal alcohol syndrome (FAS) is a major preventable cause of birth defects in Canadian children. It is diagnosed only when prenatal use of alcohol has been confirmed. Fetal alcohol effects (FAE) is diagnosed when some, but not all, of the features of FAS are present. FAE is often identified during a child's first school years.

It is estimated that in Canada one child is born every day with FAS. In some Aboriginal communities, the rate of FAS/FAE may be significantly higher than average. FAS can cause permanent, lifelong disabilities. FAS children usually have growth deficiencies; developmental delays; neurological, behavioural and intellectual difficulties; skull or brain malformations; and facial abnormalities.

The degree to which a child will experience the effects of FAS/FAE can be influenced by factors besides the level and frequency of exposure to alcohol. Prenatal health, nutrition, other drug use, lifestyle and socio-economic factors can all contribute to a baby's chance for a healthy start in life. In addition, early identification, screening and diagnosis are critical in preventing many of the secondary disabilities that people with FAS/FAE may develop. These measures also help individuals with FAS/FAE, their families and their communities to cope with this lifelong disability. For Aboriginal women and their families, culturally appropriate approaches within their communities are essential.

HIV/AIDS

The human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). HIV attacks the immune system, causing chronic, progressive illness and leaving infected people vulnerable to infections and cancers.

[67] For a discussion of diabetes in Aboriginal communities, see *Diabetes Among Aboriginal People in Canada: The Evidence*, Aboriginal Diabetes Initiative, Health Canada, 2000. http://www.hc-sc.gc.ca/fnihb/cp/adi/publications/the_evidence.pdf

Once contracted, HIV can lead to AIDS and can be fatal. The median time from HIV infection to AIDS is now over ten years.

HIV infection and AIDS can result in many disabling conditions that greatly alter the quality of life of those affected, their families and their communities. The number of people living with HIV in Canada is on the rise, but thanks to better drug and therapy programs, the number of new AIDS cases has declined. In Canada it is estimated that 4 200 people become infected with HIV every year. Among Aboriginal people, AIDS has been rising; among cases in 1993-1996 where ethnicity was known, 5.6% of cases were Aboriginal people.

OTHER MAJOR DISEASES AND CONDITIONS

In addition to the above diseases and conditions, the Government is involved in activities aimed at preventing other diseases and conditions including Hepatitis C.Heart disease, other circulatory diseases and respiratory diseases, can limit a person's ability to work and participate in activities and are important targets for prevention and health promotion. About one in five Canadians with disabilities say their activities are limited because of conditions arising from such diseases.[68] Preventing and treating serious mental illness is also important, as is improving the health of persons with debilitating mental conditions.

Rheumatoid disorders, as well as arthritis and related conditions, can have a serious impact on the quality of life of many Canadians, especially seniors. The government is funding research in these areas along with programs that promote the health and well-being of Canadians with arthritis and rheumatoid disorders.

√ Government Action

The Government of Canada, through Health Canada, is addressing prevention through a variety of initiatives in partnership with provinces, territories, First Nations and others.

The Canadian Diabetes Strategy (CDS) announcement in the 1999 Federal Budget created a five-year, $115 million strategy to develop the measures needed to prevent, control and combat diabetes in a coordinated way. The CDS has four components: the National Diabetes Surveillance System, Prevention and Promotion, the Aboriginal Diabetes Initiative and National Coordination. The Aboriginal Diabetes Initiative (ADI) allocates $58 million of this funding to help address diabetes in Aboriginal communities.[69]

To help prevent FAS/FAE, Health Canada is working with many partners to educate women about avoiding alcohol during pregnancy. In the 1999 federal budget, the Government increased funding for FAS/FAE through the national FAS/FAE Strategic Project Fund. The increased funding of $11 million over three years has enabled a number of activities to expand, including public awareness and education, FAS/FAE training and capacity building, early identification and diagnosis, coordination, integration of services and surveillance.

The December 2001 federal budget provided another $25 million over two years to the FAS/FAE Strategic Project Fund to address these difficult issues in First Nations communities. In October 2002 the Government announced that it would allocate $320 million over five years to improve and expand early childhood development programs and services for

[68] National Population Health Survey (1994–1999). Special tabulation by HRDC.

[69] See the Aboriginal Diabetes Initiative Web site for more details: http://www.hc-sc.gc.ca/fnihb/cp/adi/index.htm

First Nations and other Aboriginal children. This investment will enable the Government to intensify its efforts to address FAS/FAE with First Nations on reserve.

To help reduce the incidence of HIV/AIDS, in 1998 the Government of Canada announced annual funding of $42.2 million to support the Canadian Strategy on HIV/AIDS (CSHA). CSHA grew out of extensive consultations with volunteer and community groups, First Nations, Inuit and Métis organizations, researchers, the private sector, the academic community, professional associations, health and social care providers and governments—and, most importantly, individual Canadians living with HIV/AIDS.[70]

The CSHA is delivered by three federal partners. Health Canada is the lead federal department and is responsible for coordinating the strategy. Correctional Service Canada plays a national leadership role in addressing HIV/AIDS in the correctional environment. The Canadian Institutes of Health Research administer most of the non-government research component of the strategy.[71]

Physical Activity

Regular physical activity is fundamental to healthy human development. There are few human conditions that cannot be improved by increased physical activity. Maintaining or improving strength, flexibility and endurance can reduce the risk of many disabling conditions and related injuries, including diabetes, falls, heart disease, osteoporosis, arthritis and depression, or can improve a person's ability to live with them. People with disabilities can especially benefit from an active lifestyle. Being as active as possible can help people with disabilities, and seniors as well, to perform daily activities better, thus increasing their independence.

Active living is a way of life in which physical activity is an integral part of a person's daily routine. It can incorporate, among other things, walking, gardening, doing household chores, swimming, and exercising at home or at a gym.

For people with disabilities, active living can include a similar range of activities in keeping with their individual capabilities and interests. Full inclusion means that communities and society as a whole support and value the choices by persons with disabilities to enjoy active living in the same way as those without disabilities.

The Canadian Fitness and Lifestyle Research Institute reports that the majority of adults (55%) aged 20 and over are physically inactive, as are a slightly greater percentage of youths aged 12 to 19.[72] As Figure 26 shows, among those aged 15 and up, persons with disabilities are somewhat more likely to be physically inactive than persons without disabilities. Furthermore, while Figure 26 shows a slight drop in physical inactivity since 1994–95 among those without disabilities, this improvement did not occur among persons with disabilities.

Only a small percentage of adults with disabilities are unable to participate in any significant amount of physical activity. For the rest, barriers to participation are the real issue. The 1991 HALS found that almost 50% of adults with disabilities encounter one or more barriers to regular participation in physical activity. The most common obstacles are cost, distance and inaccessible facilities.

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[70] "Canadian Strategy on HIV/AIDS," Health Canada, revised 3 October 2002, http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/index.html

[71] "Canada's Domestic Response," Health Canada, December 2001, http://www.hc-sc.gc.ca/english/media/releases/2001/2001_130ebk3.htm

[72] *2001 Physical Activity Monitor*, Available at http://www.cflri.ca/

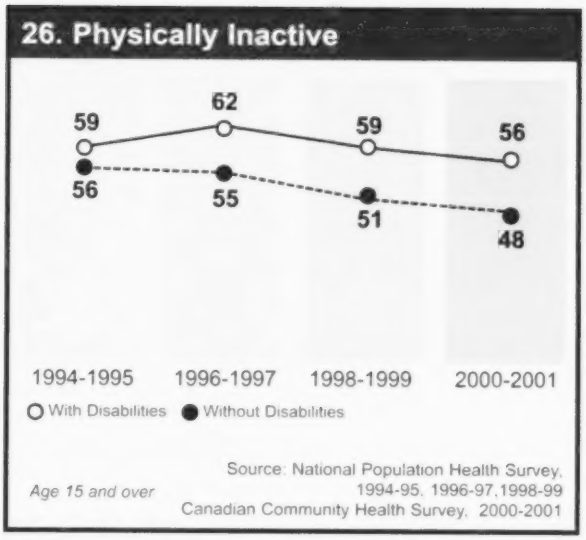


Figure 26 description – People with disabilities are more likely to be physically inactive than people without disabilities. In 2000–2001, 56% of persons with disabilities were physically inactive, compared to 48% of persons without disabilities.

√ Government Action

In *Future Directions*, the Government of Canada promised to promote opportunities for and reduce barriers to a healthy lifestyle for Canadians with disabilities. Through Health Canada, the Government supports the Active Living Alliance for Canadians with a Disability.[73] The Alliance represents a broad range of organizations for, or made up of, people with disabilities. These include, among many others, the Canadian Red Cross Society, the Canadian Paraplegic Association, the National Network for Mental Health, the Canadian National Institute for the Blind, the Canadian Wheelchair Sports Association and the Canadian Cerebral Palsy Sports Association.

The Alliance's mission is "to promote inclusion and active living lifestyles of Canadians with disabilities by facilitating communication and collaboration among organizations, agencies, and individuals." By working to overcome barriers and expand opportunities for active living, the Alliance tries to ensure that people with disabilities can enjoy physical activity as a basic right and an essential element of good health.

The Active Living Alliance is guided by a national strategic plan for active living among persons with disabilities. Entitled "A Blueprint for Action," the plan includes guiding principles and priority goals. In 1998, when setting its goals to 2003, the Alliance estimated that reducing physical inactivity among Canadians with disabilities by 20% over the next five years could save well over $1 billion in health care costs.

In the summer of 2002, in partnership with Canadian Heritage, Exchanges Canada, the YMCA and others, the Active Living Alliance sponsored a national youth exchange to allow young people with disabilities to experience some of the many ways of enjoying an active lifestyle.

"I am still recovering from the past six days, but enjoying the high that I experienced. I want to thank you for allowing me to be a part of something so amazing!"

Participant in 2002 youth exchange for youth with disabilities.

[73] See the Alliance Web site for more information: http://www.ala.ca

"The Canadian Paralympic team would not exist today if it weren't for the funding from Sport Canada. In addition, access to the National Sport Centers has enabled my teammates and I to achieve our goals as high performance athletes."

Lauren Woolstencroft, Medallist 2002 Paralympic Games at the April 15, 2002 Federal Reception

Opportunity for athletes with disabilities

Sport encourages activity, which contributes to the health of Canadians. Canadian athletes with disabilities participate in an array of competitive sports organized by provincial, national and international sport organizations.

Canada has participated in every Paralympic Games since 1968. Most recently, Canadian athletes with disabilities competed at the 2002 Winter Paralympics in Salt Lake City. The Canadian team of 29 athletes brought home 15 medals, tying the Canadian medal count at the 1998 Nagano Winter Paralympics while upping the number of gold medals from one to six. Canada finished sixth out of 36 countries in Salt Lake City.

At the 2000 Summer Paralympics in Sydney, Australia, Canadian athletes with disabilities competed against 4 000 athletes from 123 countries. The Canadian team finished fourth overall with 96 medals, including 38 gold.

The Canadian Special Olympics are supported by hundreds of coaches and other volunteers who donate their time to help Canadians with mental disabilities enjoy sport as an expression of full citizenship. At the 2001 Special Olympics World Winter Games in Anchorage, Alaska, 72 Canadian athletes competed in speed skating, figure skating, floor hockey, snowshoeing, and nordic and alpine skiing, bringing home over 100 medals for Canada.

√ Government Action

As part of its commitment to an inclusive society, the Government of Canada supports opportunities for athletes with disabilities to develop their performance and to compete.

Sport Canada, part of Canadian Heritage, is committed to increasing access and equity in sport for persons with disabilities. Sport Canada assists athletes with disabilities through three programs: the National Sport Organization Support Program, the Athlete Assistance Program and the Hosting Program. With over $6 million in annual funding, these programs are helping high-performance athletes with disabilities improve their performance. They are also supporting broader participation and better coaching, training and competitive opportunities.

PRINCIPAL INJURY PREVENTION AND HEALTH PROMOTION INITIATIVES

Canadian Centre for Occupational Health and Safety
- Information service

Canadian Heritage
- Sport Canada—Athletes with Disabilities

Canadian Institutes of Health Research
- Administration of non-government research projects

Correctional Service Canada
- FAS/FAE and learning disability initiatives

Health Canada
- Aboriginal Diabetes Initiative (includes both on and off reserve)
- Aboriginal Head Start
- Active Living Alliance for Canadians with a Disability
- Brighter Futures Initiative—First Nations and Inuit component and solvent abuse component
- Canada Prenatal Nutrition Program
- Canadian Diabetes Strategy
- Canadian Strategy on HIV/AIDS
- Community Action Program for Children
- HIV/AIDS among Aboriginal people in Canada (includes both on and off reserve)
- National Clearinghouse on Family Violence, Family Violence Prevention (various publications)
- National FAS/FAE Strategic Project Fund; FAS/FAE information service
- Nobody's Perfect
- Population Health Fund
- The Canadian Working Group on HIV Rehabilitation (facilitates multi-sectoral coordination)
- Workplace Health Bureau
- Workplace Health and Public Safety Programme

Human Resources Development Canada
- Occupational Health and Safety Division

Transport Canada
- Safety and Security Group

Veterans Affairs Canada
- Alzheimer Wandering Registry Program for Veterans
- Assistance service for former Canadian military members and their families
- Falls Prevention Initiative (joint initiative with Health Canada)
- Gerontological Advisory Council
- Health promotion
- Networks of Excellence:
  - Ste. Anne's Centre, specializing in assessment and treatment of psychological injuries
  - Canadian Forces Operational Trauma and Stress Support Centres
- VAC post-traumatic stress disorder protocols (support to clients with PTSD, other psychological injuries and other undiagnosed disorders)

Capacity of the Disability Community

SEVEN INDICATORS OF PROGRESS [74]
Involvement with elected and non-elected officials
Human resource capacity
Financial resource capacity
Organizational partnerships
Media relations
Quality information about disability
Responsiveness to clients and members

This section looks at seven provisional indicators for measuring progress in building the capacity of the disability community. In doing so, it presents some key findings from the research project on community capacity conducted by the Canadian Centre on Disability Studies (CCDS) on behalf of HRDC. The section also describes the Government of Canada's commitments and actions to build capacity.

Canadians with disabilities across the country are served by, and are members of, a wide variety of disability organizations. Collectively, individuals with disabilities and these organizations are sometimes called the "disability community."

Some disability organizations provide services for people with disabilities; others advocate improved policies, programs and services. Some are involved in both service and advocacy. Some organizations are national in scope, while others operate at the provincial or regional level. Some organizations focus on a single disability; others have mandates that cross disabilities.

Together, individuals with disabilities and disability organizations are building the capacity of their community to work cooperatively with governments to develop policies, programs and services that lead to full citizenship and participation for persons with disabilities. Capacity includes not only skills, people and plans, but also commitment, resources and all the other elements that help make policy and program development successful. Community capacity building is based on the idea that all these elements can be improved over time.

Measuring the capacity of the disability community is still in its early stages. There are no national statistical indicators yet. Therefore, to assess community capacity at this early stage, HRDC funded the CCDS to conduct a qualitative research study in the spring of 2002. For the purposes of this research, HRDC defined community capacity as "the extent to which persons with disabilities participate as partners in identifying issues and in the development of policies and programs, both as individuals and through involvement with voluntary organizations representing their interests."

While most organizations were comfortable with this definition, some suggested looking at capacity from other perspectives as well. It was suggested, for example, that the definition of community capacity could include families and their ability to support individuals with disabilities. It was also noted that it is important to look

[74] These are provisional indicators based on a qualitative research study conducted by the Canadian Centre on Disability Studies in the spring of 2002. The full report on the CCDS study is available at http://www.disabilitystudies.ca/rescompleted.html

at the capacity of the broader community and of governments to support persons with disabilities.

Among Aboriginal organizations, it was suggested that community capacity be seen from both the individual and the community perspective. Aboriginal organizations, including Inuit, First Nations, Métis and women's groups, believe that the strength of individuals and the strength of the entire community are intertwined. Development is viewed in relation to the settings in which people live and learn. Development is a process that fosters the well-being of both individuals and entire communities in a holistic and participatory way. Community development is community-based and community-directed.

The first part of the research by the CCDS involved setting up a framework for assessing community capacity. The framework identified seven provisional indicators that may, over time, help to measure progress in building community capacity. The CCDS then used this framework to assess community capacity among 18 national and provincial organizations across the country, including organizations representing Aboriginal persons with disabilities.

Involvement with elected and non-elected officials

The CCDS's qualitative research suggests that the majority of disability organizations are highly involved with elected and non-elected officials. This is true for both service organizations and advocacy groups. The communication methods they use are wide-ranging, as are the issues they deal with—among them health, taxation, income support, education, employment, social services and transportation.

For the most part, disability organizations say that responses from elected and non-elected officials are positive. They believe that as discussions continue, a common understanding of disability issues is emerging. Organizations find there is a willingness among elected and non-elected officials to work with disability organizations to move the disability agenda forward.

Human resource capacity

The research indicates that most disability groups and organizations do not have enough human resources. Their staff work long hours, often for wages that are not competitive with those in the private sector. In some organizations the staff are overworked and burned out. When funds are tight, human resources is the easiest area to cut back on, leaving a reduced staff or volunteers to try to maintain service.

Many groups believe their organizational capacities have decreased or stayed the same over the past year. The funding climate as a whole has prevented them from carrying out their mandates in advocacy, research and service, as well as their communication with members and constituents.

Financial resource capacity

Directly tied to human resource capacity is financial resource capacity. Of the 18 organizations surveyed, only one said it had both the financial and human resources it needed to do its part in policy development.

Without financial resources, a disability organization is severely limited in its ability to carry out its mandate. While many organizations in the voluntary sector have to some degree been able to diversify their

sources of funding (government, foundations, private sector, fundraising), the sector as a whole still relies heavily on government funding. Disability organizations, which represent a largely marginalized population, may depend on government funding more than the average volunteer organization.

Human and financial resources [in the disability community] are stretched to the limit. This is not a sustainable situation, and it is a critical time in which to develop support to enhance the capacity of the disability community.

Disability Community Capacity: A Framework For Preliminary Assessment – May 31, 2002

Organizational partnerships

Disability organizations partner with others for a variety of reasons. Many form partnerships to work on disability issues at the federal and provincial levels and to communicate and share information among organizations. Others form partnerships to work together on contracts or projects. Disability organizations collaborate among themselves, with other equality-seeking groups, with governments, corporations, businesses, the banking industry, service clubs, and universities.

Disability organizations are sometimes reluctant to enter into partnerships because they worry that their potential partners, especially those from non-disability sectors, will not understand their issues. These organizations sometimes believe it will take much effort to bring the partners onside. Geographic distance can also make partnership building more challenging.

Media relations

A key way to educate Canadians about disability issues is through the media. And the best spokespersons for disability issues are persons with disabilities and their organizations.

Working with the media to expand awareness of disability issues is very time-consuming, particularly in larger cities where the competition for media coverage is strong. For groups and organizations in smaller centres, getting media coverage may be easier, but the time involved is still a consideration. For many organizations with limited human and financial resources, other tasks take priority over this important communication channel for educating the public and attracting volunteers and supporters.

Quality information about disability

To carry out their mandates, disability organizations need quality information about disability policies, services, statistics and other information. However, the community's ability to develop and acquire quality information is uneven. Some disability organizations have no difficulty getting information. Others may lack the time to locate information, or may have the information but no time to deal with it.

With the advent of the Internet, and with their work with government officials, disability organizations have fewer problems acquiring quality information about disability-related issues than they once did. But information overload and information exchange and dissemination, especially to clients and consumers, are still major concerns.

Responsiveness to clients and members

To be fully responsive to its clients and members, an organization must find out directly from them how it is doing. Armed with that knowledge, the organization can then design ways of responding to clients' and members' needs. Among the disability organizations consulted for this report, few have formally surveyed their members. Most rely on informal sources of feedback, such as meetings, newsletters and Web sites, to gather opinions.

According to the disability organizations interviewed, their clients and members are satisfied with the organizations' ability to carry out their mandates but wish more could be done in advocacy or service provision. As well, clients and members have targeted improved communication, both with themselves and with society as a whole, as important to giving persons with disabilities a stronger voice.

√ Government Action

The Government of Canada recognizes that the voluntary sector, including the disability community, plays a critical role in Canadian society. The voluntary sector includes more than 175 000 charities and non-profit organizations. Some 7.5 million people work as volunteers, and the sector employs 1.3 million people.

In June 2000 the Government announced the Voluntary Sector Initiative. With funding of $94.6 million over five years, the initiative will sponsor research, consultations and projects that will help the Government streamline its rules and regulations, give volunteer organizations a stronger voice in shaping public policy and increase access to new technologies, training and research.

One of the Voluntary Sector Initiative's first priorities was to develop an agreement between the voluntary sector and the Government of Canada to guide their relationship. In December 2001 a draft accord between the Government and the voluntary sector was introduced. In the 2002 Speech from the Throne, the Government promised to put this accord into action to "enable the sector to contribute to national priorities and represent the views of those too often excluded."

The Voluntary Sector Initiative supports the Government of Canada's commitment in *Future Directions* to support the disability community and to support partnerships involving disability organizations, other voluntary groups and the private sector.

Work is now underway on a national project to build the disability community's capacity to participate in and contribute to the policy development process. Led jointly by the Council of Canadians with Disabilities and the Canadian Association for Community Living, this project is bringing the Government of Canada together with the voluntary disability sector to identify two or three areas for joint work by a government–voluntary sector partnership.

In another effort to strengthen community capacity, HRDC oversees the Social Development Partnerships Program. The disability component of this program is intended to help maintain and build the capacity of national disability organizations. The program funds research projects to identify, develop and promote best practices and innovative models of service delivery. Some 70 disability organizations receive a total of $12 million in funding each year for basic operational needs and for specific projects.

Indian and Northern Affairs Canada provides Aboriginal organizations with a total of $1 million annually for public education on disability issues. The groups funded include such non-profit organizations as the B.C. Aboriginal Network on Disability Society, the Aboriginal Disabilities Society of Alberta and other regional Aboriginal organizations across the country.

In addition to these initiatives, the Government has provided capacity-building assistance internationally. The Canadian International Development Agency (CIDA), through its Canadian Partnership Branch, supports Canadian and international non-governmental organizations and professional associations concerned with disability issues. Specifically, CIDA supports partnerships that foster improved performance among stakeholders in developing countries, at the individual, organizational, network/sector or broader system level.

PRINCIPAL COMMUNITY CAPACITY BUILDING PROGRAMS AND INITIATIVES

Canadian International Development Agency

- Canadian Partnership Branch—funding for development cooperation activities by disability organizations

Human Resources Development Canada

- Aboriginal Reference Group on Disability Issues
- Office of Learning Technologies project funding
- Social Development Partnership Program – Disability

Indian and Northern Affairs Canada

- Disability Initiative

Veterans Affairs Canada

- VAC-Canadian Forces Advisory Council

Conclusion

Much has changed in Canada since the United Nations International Year of Disabled Persons was declared in 1981. Persons with disabilities, individually and collectively, have taken action to demand their right to be fully included in Canadian society. In turn, society has evolved greatly in the way it thinks about and treats persons with disabilities. Canada has moved from seeing segregation and institutionalization of persons with disabilities as desirable outcomes to believing in the value and promise of a fully inclusive society.

For its part, the Government of Canada has enacted important legislation to protect the rights of persons with disabilities as citizens. In addition, over these two decades, federal, provincial and territorial governments have worked together to enhance existing programs that provide benefits to persons with disabilities. Governments have also introduced new programs that respond to changes in social conditions and in the needs of persons with disabilities. Recently *In Unison,* issued in 1998 with the provinces and territories, and *Future Directions,* issued in 1999, declared the Government of Canada's commitment to full inclusion of all Canadians with disabilities.

This report has highlighted many of the Government of Canada's programs and initiatives in support of this commitment. Major programs such as the Canada Pension Plan disability benefit and the Veterans Disability Pension Program help eligible Canadians with disabilities and their families meet their income needs. Employability Assistance for People with Disabilities and the Opportunities Fund help people with disabilities succeed in the labour market, while Canada Study Grants provide assistance in getting the post-secondary education so important in today's knowledge-based economy. Low-income Canadians with disabilities can get financial assistance through the Residential Rehabilitation Assistance Program for Persons with Disabilities, and through the Home Adaptations for Seniors' Independence initiative, to modify their homes to improve accessibility and mobility. These are but a few examples of the many Government of Canada programs this report has discussed.

In addition to program benefits, the Government provides tax assistance that recognizes the additional expenses related to disabilities. Some of these tax provisions focus on costs associated with working or going to school; some acknowledge other costs. The Government has increased tax assistance substantially over the past five years, reaching about $1.1 billion a year in 2002.

The Government has extended its role in the prevention of injuries and diseases that may lead to disabilities. This report has described important new initiatives such as the Falls Prevention Initiative, administered jointly by Veterans Affairs Canada and Health Canada, and the Canadian Diabetes Strategy. The Government has also recognized the particular needs of Aboriginal

people through investments in the Aboriginal Diabetes Initiative and the FAS/FAE Strategic Project Fund.

Table 1 provides an overview of the Government of Canada's principal disability-related benefits and programs for the fiscal year 2001–2002. The total of over $6.5 billion underlines the considerable resources the Government makes available to meet the needs of persons with disabilities. This total consists of approximately $1.1 billion in tax assistance and over $5 billion in program expenditures.

With Table 1 it is also important to note that funding for some initiatives was increased in the 2001 budget. For example, funding for the Canada Study Grants increased to $24 million; an additional $30 million over two years was announced for the special education needs of First Nations and Inuit students; and $25 million over two years was provided for a First Nations initiative under the FAS/FAE Strategic Project Fund.

Besides providing benefits and services, either by itself or in partnership with provinces and territories, the Government is responsible for legislation and regulations that make sure important services meet the needs of all Canadians, especially those with disabilities. This report has highlighted the work of the CRTC in regulating the broadcast medium and the Canadian Transportation Agency and Transport Canada in regulating national transportation. It has also shown the impact of employment equity legislation and policies in federally regulated industries.

While the Government of Canada has worked hard to realize the vision of full inclusion of people with disabilities, many obstacles remain. As this report has shown, many Canadians with disabilities do not have the same opportunities or quality of life as others.

In recent years the disability community has stated that progress toward full inclusion has slowed, and in some cases even eroded, and that governments are not doing enough to resolve the many issues faced by Canadians with disabilities. Some of these issues, including concerns about the disability tax credit and the Canada Pension Plan disability benefit, have been examined by the House of Commons Subcommittee on the Status of Persons with Disabilities. With other issues, such as community capacity, the disability community has directly approached the Government in seeking solutions. On the ongoing employment challenge faced by people with disabilities, the Government of Canada is collaborating with provincial and territorial governments and consulting with the disability community to develop a comprehensive strategy to ensure that persons with disabilities can find and keep jobs in today's workplace.

There is still much work to be done, and this report has highlighted many areas where progress is needed. The Government acknowledges its responsibility to continue working with all its partners—including provinces, territories, the disability community, Aboriginal people and veterans organizations—to achieve the full inclusion of Canadians with disabilities.

This report was compiled to fulfill the Government's promise to begin regularly reporting to Canadians on its progress on disability issues. In order to do this, the report has assembled a wide range of information and structured it into an accountability framework. This framework is based on the fundamental idea that the Government's commitments, programs and initiatives should be judged on the basis of their results for Canadians with disabilities.

The framework presented here is only a beginning. Future reports will build on this framework by improving it in several ways.

Full results from the 2001 Participation and Activity Limitation Survey will become available in 2003 and 2004. PALS will permit detailed analysis of the current needs of persons with disabilities at both the national and provincial level. The information from PALS will help governments, the disability community and Canadians at large to more clearly identify disability issues and to find policy approaches to resolve them. Future Government of Canada reports on disability will contain information from PALS to support this ongoing development.

As mentioned in this report, the new approach to identifying persons with disabilities developed for PALS is being incorporated into other major national surveys. Thus, in addition to information from PALS, new findings from these other surveys will be reported as well.

To take full advantage of the new information provided by PALS, the Government of Canada anticipates producing its next report on disability in 2004. The timing of future reports is still undetermined.

Information about Aboriginal persons with disabilities is lacking at this time. In partnership with Aboriginal organizations, the Government will gather more information on the special circumstances facing Aboriginal persons and will incorporate this information into future reports.

The Government is committed to ensuring that its disability programs and initiatives have the desired results for persons with disabilities. But the link between the Government's programs and societal outcomes is not always clear, since many factors outside the Government's control can affect outcomes. Besides informal feedback from clients and others about program results, formal evaluation research can supply evidence that a program is working. Future reports will include evaluation results as they become available.[75]

This report has focused largely on Government of Canada programs and initiatives that specifically address the needs of persons with disabilities. Full inclusion of persons with disabilities in programs targeted at the general population is another extremely important issue. Assessing how persons with disabilities fare in comparison to other Canadians in such areas as employment insurance, the federal justice system and health promotion programs will be a part of future reports. The Government is currently working on a "disability lens" framework to ensure that all government policies and programs are designed and implemented in a fully inclusive way.

Finally, the framework presented in this report is based on a set of indicators that measure progress toward full inclusion. This framework can itself be improved in several ways. For one thing, a better understanding of the relationships between issues may lead to new indicators, and more importantly may support possible changes in policy. For example, since the availability of some disability supports is fundamental to achieving other outcomes, disability supports outcomes might be analyzed in more detail in future reports.

The Government welcomes suggestions from the disability community, researchers and all Canadians on how to improve this accountability framework and how to build on it. By working together, Canada can move forward towards full inclusion of persons with disabilities in society.

[75] Some evaluation results are presented in the technical report: http://www.hrdc-drhc.gc.ca/bcph-odi

TABLE 1. GOVERNMENT OF CANADA PRINCIPAL DISABILITY-RELATED BENEFITS AND PROGRAMS (2001–2002)	
Program/Initiative	**$ Million**
Disability Supports	
Residential Rehabilitation Assistance Program for Persons with Disabilities [a]	11.4
Home Adaptations for Seniors' Independence [a]	8.4
Veterans Health Care Program	388.0
Tax Support [b]	
—Disability tax credit (including supplement for children)	400.0
—Medical expense tax credit	580.0
—Caregiver tax credit	48.0
—Infirm dependant tax credit	10.0
Skills Development, Learning and Employment	
Opportunities Fund	30.0
Employability Assistance for People with Disabilities	193.0
Canada Study Grants for students with disabilities	14.0
Canada Pension Plan—Disability Vocational Rehabilitation Program	4.6
Office of Learning Technologies (disability-specific projects)	0.5
Tax Support	
—Refundable medical expense supplement	52.0
—Attendant care deduction and child care expenses deduction	less than 2.5 each
Income	
Canada Pension Plan disability benefits	2 800.0
Federal workers compensation benefits	97.0
Employment insurance sickness benefits	523.0
Veterans Disability Pension Program	1 335.0
Injury Prevention and Health Promotion	
Sport Canada funding for athletes with disabilities	6.0
Canadian Diabetes Strategy	23.0
FAS/FAE Strategic Project Fund	5.0
Active Living Alliance for Canadians with a Disability	0.4
Falls Prevention Initiative	2.5
Capacity of the Disability Community	
Social Development Partnerships Program	12.5
Indian and Northern Affairs Canada Disability Initiative	1.0
TOTAL [c]	**$6 547.8**

Notes *a: RRAP-D and HASI amounts are for calendar year 2001*
b: Tax expenditures are for 2002
c: Total includes $2.5 M for combination of attendant care and child care expense deductions

Appendix 1: Chronology of Legislation and Initiatives

Canada has gradually developed a framework of legislation to protect those rights of persons with disabilities that are within the Government of Canada's jurisdiction. As well, a number of important initiatives have helped bring a sharper focus to the Government's efforts to make progress on disability issues. The following timeline summarizes key legislation and initiatives. For more information, please see the Web-based technical report at www.hrdc-drhc.gc.ca/bcph-odi

2002 — The Treasury Board Secretariat published a revised Duty to Accommodate policy

In Unison 2000 was released. — **2001**

2000 — The *Canadian Human Rights Act* (CHRA) Review Panel released its final report, *Promoting Equality: A New Vision.*

Successive budgets announced improvements to tax measures to support persons with disabilities between 1996 and 2000. — **2000**

1999 — The Minister of Justice announced a one-year comprehensive review of the CHRA.

Social Services Ministers signed the *Framework to Improve the Social Union for Canadians.* — **1999**

1999 — The Government of Canada released *Future Directions,* which set forth its disability agenda.

The Government of Canada, in partnership with the provinces and territories, issued *In Unison*, described as a blueprint to promote the full participation of persons with disabilities. — **1998**

1998 — Employability Assistance for People with Disabilities (EAPD), a joint federal-provincial initiative, was established to help working age adults with disabilities prepare for, obtain and maintain employment

The Auditor General's report recommended making the human rights system more effective. — **1998**

1998 — Bill S-5, *An Act to amend the Canada Evidence Act, the Criminal Code and the Canadian Human Rights Act as they affect persons with disabilities*, was enacted.

1997 — Budget announced $30 million funding for opportunities Fund to assist persons with disabilities to prepare for find and maintain employment.

The Federal Task Force on Disability Issues (led by Andy Scott, MP) released its report, *Equal Citizenship for Canadians with Disabilities: The Will to Act.*

1996

1995 — The 1995 *Employment Equity Act* replaces the 1986 *Employment Equity Act.*

The House of Commons passed an omnibus bill that addressed access to the electoral system, access to information in multiple formats, acquiring citizenship, and testifying in criminal court, and added the words "accessible" and "persons with disabilities" to the policy section of the *National Transportation Act, 1987.*

1992

1991 — The National Strategy for the Integration of Persons with Disabilities was announced.

The Treasury Board Real Property Accessibility Policy for the Government of Canada was released.

1990

1988 — Modifications to the *National Transportation Act* gave the National Transportation Agency new powers to make regulations and to resolve complaints regarding the removal of undue obstacles within Canada's federally regulated transportation network.

The first *Employment Equity Act* was passed. The Act covered the federally regulated private sector and Crown corporations.

1986

1982 — The *Canadian Charter of Rights and Freedoms* came into effect as part of the *Constitution Act, 1982*, and prohibited discrimination based on disability.

Obstacles, the report of the special Committee on the Disabled and Handicapped, was released.

1981

1981 — The House of Commons Committee on the Disabled and Handicapped was established out of respect for the United Nations International Year of Disabled Persons.

The Canadian Human Rights Commission was established.

1978

1977 — The *Canadian Human Rights Act* was passed.

Appendix 2: Glossary of Terms [75]

Aboriginal peoples: These are the descendants of the original inhabitants of North America. The *Constitution Act, 1982*, recognizes three groups of Aboriginal people: Indians, Métis and Inuit. They are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

Disability: Following the approach suggested by the World Health Organization, people are considered to have a disability if they have a physical or mental condition or impairment that restricts them in their ability to perform activities that are normal for their stage of development and in their cultural environment. For Canadian adults these activities might include such things as personal care, working, travelling, shopping, using a telephone or doing daily tasks around the home. There have been two dominant approaches to understanding disability over the past decades. The first locates disability in the individual and proposes medical or technical interventions to treat the disability or provide rehabilitation so that the individual can function "normally." The second locates disability in the social/cultural environment and argues that social arrangements make some forms of human differences into disabilities by failing to provide the necessary flexibility and resources.

Disability severity: Statistics Canada constructed an index to measure severity of disability based on answers to the 2001 Participation and Activity Limitation Survey. Severity is determined based on the intensity and frequency of the activity limitations reported by the respondent.

Since the survey questions differed depending on the respondent's age, there are separate severity ratings for adults 15 years and over, for children under five and for children aged five to 14. For adults and for children aged five to 14 severity is classified into four groups (mild, moderate, severe and very severe), whereas for children under five it is divided into two groups (mild to moderate and severe to very severe).

The 1991 HALS followed a similar approach but assigned only three categories of severity: mild, moderate and severe.

Disability supports: These are goods and services that assist persons with disabilities in overcoming barriers to participating fully in daily living, including economic and social activities. These supports include, for example, technical aids and devices; adaptive equipment; homemaker, attendant or interpreter services; life skills supports; physiotherapy and occupational therapy; home and vehicle modification; transportation; brokerage and planning assistance; and respite care. Some people with disabilities prefer a more person-centred term such as "supports for persons with disabilities"; however, the term "disability supports" has been most commonly employed in policy-making.

76 Definitions of Aboriginal people are based on information from the Web site of Indian and Northern Affairs Canada: http://www.ainc-inac.gc.ca

Effective practices: These are examples of initiatives that show promise in supporting the full inclusion of persons with disabilities. Some initiatives have proven successful over the years; others represent new directions being explored.

First Nation: This term came into common usage in the 1970s to replace the word "Indian," which many people found offensive. Although the term "First Nation" is widely used, no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian people in Canada, including status, non-status and treaty Indians.

ICF: This stands for the International Classification of Functioning, Disability and Health, released by the World Health Organization in 2001. The ICF is also known as ICIDH-2 (International Classification of Impairments, Disabilities and Handicaps) because it replaces the first ICIDH.

The ICF organizes information about human experience using three dimensions:

a) The Body (B) dimension classifies information about body functions and body structure. Body functions are physiological or psychological functions of body systems, while body structures are anatomic parts of the body such as limbs and organs.

b) The Individual Activities (A) dimension classifies information covering the complete range of activities performed by individuals. Examples include feeding oneself, walking, driving a vehicle, planning one's daily routine, finding a place to live, shopping, attending school and travelling to work.

c) The Social Participation (P) dimension classifies areas of life in which individuals are involved, to which they have access, or in which they encounter societal opportunities or barriers. Examples are being included in school activities, having access to public transit for individuals with mobility impairments, and encountering systemic barriers to employment based on gender or ethnicity. Society hinders participation by creating barriers (e.g., inaccessible buildings) or by failing to provide facilitation/services (e.g., no assistive devices).

The ICF also looks at environmental and personal factors. Environmental factors focus on individual/personal environments, services (formal and informal social structures and services in the community) and the overall approach and systems established in a particular society. Personal factors include features of the individual that are not part of functional state or health (e.g., age, race, gender, aptitudes and lifestyle).

Indicators: This term refers to two kinds of indicators, or measures of performance: societal indicators and program indicators. *Societal indicators* are statistical measures that present information about societal conditions, such as income distribution and employment, where it is possible to quantify how persons with disabilities are faring in comparison with Canadians without disabilities. *Program indicators* provide information (qualitative or quantitative) on the extent to which a program, policy or service is achieving its results. In this first report on disability programs and services, the term "indicators" refers to societal indicators.

Inuit: An Aboriginal people in northern Canada, who live above the tree line in the Northwest Territories, and in Northern Quebec and Labrador. The word means "People" in the Inuit language-Inuktitut. The singular of Inuit is Inuk.

Métis: These are people of mixed First Nation and European ancestry who identify themselves as Métis people, as distinct from First Nations, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, which include Scottish, French, Ojibway and Cree.

North American Indian: The *Constitution Act, 1982*, specifies that Aboriginal people in Canada consist of Indians, Inuit and Métis people. The term "Indian" describes all the Aboriginal people in Canada who are not Inuit or Métis. In addition, three legal definitions apply to Indians in Canada: status Indians, non-status Indians and treaty Indians. Statistics Canada data sources such as the census and the Aboriginal Peoples Survey ask respondents to identify themselves according to these legal classifications.

Outcomes: These refer to the differences that policies, programs and services actually make in the lives of persons with disabilities. They also refer to the overall benefits that the Government's disability agenda provides for the community and society. Outcomes are clear, tangible consequences that are attributable to the programs or services provided. They can be immediate, short-term or long-term. In reporting outcomes, it is important to recognize that they may be only indirectly or partially attributable to federal programs and services, since many other factors can influence outcomes. Careful evaluation research is required to demonstrate and measure the specific contribution of particular programs.

Appendix 3: Program Definitions of Disability in Selected Programs

The eligibility criteria for programs and services for persons with disabilities vary. These criteria are often found in the programs' definitions of disability. Some of the most important definitions of disability used in Government of Canada programs are included here. At the request of Parliament, the Government of Canada is currently studying the definitions used in different legislation and programs. A synthesis document is being developed as part of this initiative.

Canada Pension Plan Disability Benefits (CPP-D) (Human Resources Development Canada)

To qualify for CPP Disability, a person must have made sufficient contributions to CPP and have a mental or physical disability which is both severe and prolonged. "Severe" means that an individual is incapable of pursuing any substantially gainful occupation. "Prolonged" means the disability is long-term, continued and of indefinite duration or is likely to result in death. CPP obtains medical evidence from physicians, but evidence of other aspects of the disability may be supplied by nurses, employers, vocational rehabilitation reports, therapists, self-reports and others. CPP disability benefits replace a portion of the earnings of contributors who cannot work because of a severe and prolonged disability.

Disability Tax Credit (Canada Customs and Revenue Agency)

The disability tax credit (DTC) provides tax assistance to individuals who, because of the effects of a severe and prolonged impairment, require extensive therapy to sustain a vital function, or are markedly restricted in their ability to perform a basic activity of daily living as certified by a qualified medical practitioner. Individuals are markedly restricted if, even with therapy or the use of appropriate devices and medication, they are blind or unable to perform a basic activity of daily living, or if they require an inordinate amount of time to perform the activity, all or substantially all of the time. The basic activities of daily living are walking; feeding and dressing oneself; perceiving, thinking and remembering; speaking; hearing; and eliminating bodily waste.

Eligibility for the DTC is not based on the diagnosis of an impairment; rather, it is based on the severity of the symptoms and the effect of the impairment on the person's ability to carry out a basic activity of daily living over a continuous and prolonged period of time. In addition, eligibility for the DTC is not dependent on an individual's qualification under another program, such as Canada or Quebec Pension Plan disability benefits, workers' compensation benefits, or other types of disability or insurance benefits. Different programs are designed for different purposes, and consequently may have different criteria.

Employment Equity (Public Service Commission/Treasury Board)

The Treasury Board, acting on behalf of the Government of Canada, is a major employer with obligations under the *Employment*

Equity Act. Both the Treasury Board and the Public Service Commission, each acting within the scope of its powers, duties and functions under the *Financial Administration Act* and the *Public Service Employment Act* respectively, are responsible for carrying out the obligations of an employer under the *Employment Equity Act*.

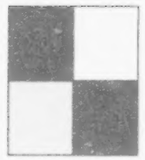
The *Employment Equity Act* states that persons with disabilities are persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

- consider themselves to have reduced capability to carry out a job function; or
- believe that they risk being placed in this category by their employer or potential employer by reason of that impairment.

This includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Veterans Disability Pension (Veterans Affairs Canada)

Veterans may be eligible for disability pension benefits if they have a permanent disability resulting from an injury or disease from the First World War, the Second World War, the Korean War or a Special Duty Area. They may also be eligible for a disability pension if they have a permanent disability connected with peacetime Regular or Reserve Force service in the Canadian Forces. In order to establish the existence of a disability VAC relies on diagnosis made by medical doctors and other qualified health care professionals. Once the relationship to military service is established, and the extent of the disability is determined, the resultant compensation is paid to the client in an amount related to the extent of the disability, and in accordance with guidelines established in the Table of Disabilities.



Appendix 4: Key Acronyms

ADI — Aboriginal Diabetes Initiative
AHRDS — Aboriginal Human Resources Development Strategy
APS — Aboriginal Peoples Survey
CCD — Council of Canadians with Disabilities
CCDS — Canadian Centre on Disability Studies
CCHS — Canadian Community Health Survey
CCSD — Canadian Council on Social Development
CCTB — Canada Child Tax Benefit
CDS — Canadian Diabetes Strategy
CHRA — Canadian Human Rights Act
CIDA — Canadian International Development Agency
CMHC — Canada Mortgage and Housing Corporation
CPP — Canada Pension Plan
CPP-D — Disability component of the Canada Pension Plan
CRTC — Canadian Radio-Television and Telecommunications Commission
DFLE — Disability-Free Life Expectancy
DTC — Disability Tax Credit
EAPD — Employability Assistance for People with Disabilities
EEPMP — Employment Equity Positive Measures Program
FAS/FAE — Fetal Alcohol Syndrome/Fetal Alcohol Effects
HALS — Health and Activity Limitation Survey
HASI — Home Adaptations for Seniors' Independence
HIV/AIDS — Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRDC — Human Resources Development Canada
ICF — International Classification of Functioning, Disability and Health (2001)
INAC — Indian and Northern Affairs Canada
LICO — Low-Income Cutoff
NCB — National Child Benefit
NCFV — National Clearinghouse on Family Violence
NIHB — Non-Insured Health Benefits Program
OECD — Organization for Economic Cooperation and Development
OF — Opportunities Fund
PALS — Participation and Activity Limitation Survey
PSC — Public Service Commission of Canada
RRAP-D — Residential Rehabilitation Assistance Program for Persons with Disabilities
VAC — Veterans Affairs Canada
WHO — World Health Organizations

Contributing Departments and Agencies

As this report has shown, many Government of Canada departments and agencies have programs and services for persons with disabilities. The departments and agencies listed below directly contributed information to this report and assisted with reviews and comments. Their participation is gratefully acknowledged.

- Human Resources Development Canada (coordinator)

- Agriculture and Agri-Food Canada
- Canada Customs and Revenue Agency
- Canada Mortgage and Housing Corporation
- Canadian Forces
- Canadian Heritage
- Canadian Human Rights Commission
- Canadian Institutes for Health Research
- Canadian International Development Agency
- Canadian Radio-television and Telecommunications Commission
- Canadian Transportation Agency
- Citizenship and Immigration Canada
- Department of Finance
- Department of National Defence
- Environment Canada
- Health Canada
- Indian and Northern Affairs Canada
- Industry Canada
- Justice Canada
- National Library of Canada
- National Research Council
- Privy Council Office
- Public Service Commission of Canada
- Public Works and Government Services Canada
- Social Science and Humanities Research Council
- Solicitor General Canada
- Status of Women Canada
- Statistics Canada
- Transport Canada
- Treasury Board Secretariat
- Veterans Affairs Canada
- Western Economic Diversification Canada